

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full McIntosh For Judge Committee					
Full Name of Contributor Pierce & Son Photographers				Registration Number, if PAC	
Street Address 398 Woodland Ave		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 6	Amount \$20.00
City Columbus		State OH	Zip Code 43203	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Robert A. Beatley Jr.				Registration Number, if PAC	
Street Address 935 Summit St		Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 0 6	Amount \$35.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sara E. Ernest				Registration Number, if PAC	
Street Address 271 S. Champion Ave		Employer/Occupation/Labor Organization*		M D Y 0 8 2 5 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scott Shaw				Registration Number, if PAC	
Street Address 500 S. Front St, Ste 130		Employer/Occupation/Labor Organization*		M D Y 0 8 2 5 0 6	Amount \$70.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Sheryl Williams & John Erwin				Registration Number, if PAC	
Street Address 658 Bugle Ct		Employer/Occupation/Labor Organization*		M D Y 0 8 2 5 0 6	Amount \$25.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan Thompson				Registration Number, if PAC	
Street Address 6813 Ed Lane		Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 0 6	Amount \$40.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan Thompson				Registration Number, if PAC	
Street Address 6813 Ed Lane		Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 0 6	Amount \$20.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, etc.) Cash	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$260.00**