

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>McIntosh For Judge Committee</b>					
Full Name of Contributor <b>Angela Radney</b>				Registration Number, if PAC	
Street Address <b>7776 Cheriton Cir</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Reynoldsburg</b>		State <b>OH</b>	Zip Code <b>43068</b>	Y <b>1</b>	Amount <b>\$35.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>David Peterson</b>				Registration Number, if PAC	
Street Address <b>4551 Huckleberry Ct</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>	Y <b>1</b>	Amount <b>\$50.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Frank T. Gill</b>				Registration Number, if PAC	
Street Address <b>4204 Lawnview Dr</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>	Y <b>1</b>	Amount <b>\$35.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Mark Kafantaris</b>				Registration Number, if PAC	
Street Address <b>709 S. 3rd St</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	Y <b>1</b>	Amount <b>\$35.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>W.S. Kane</b>				Registration Number, if PAC	
Street Address <b>6283 Parkmeadow Ln</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>	Y <b>1</b>	Amount <b>\$35.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Cynthia Seckerson</b>				Registration Number, if PAC	
Street Address <b>4551 Huckleberry Ct</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>	Y <b>1</b>	Amount <b>\$50.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Robert Levering</b>				Registration Number, if PAC	
Street Address <b>3333 Parksley Ct</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43204</b>	Y <b>1</b>	Amount <b>\$35.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	

\* 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 \$ **\$275.00**