

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 Rev. Leon L. Troy, Sr.			Registration Number, if PAC	
Street Address 1241 Park Plaza Dr	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 0 6	Amount \$200.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard D. Wetzel			Registration Number, if PAC	
Street Address 187 Baranof E	Employer/Occupation/Labor Organization*		M D Y 0 7 2 4 0 6	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert L. Mullinax			Registration Number, if PAC	
Street Address 155 W. Southington Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ronald L. Solove			Registration Number, if PAC	
Street Address 34 E. Gates St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rose Marie Gore			Registration Number, if PAC	
Street Address 1380 Gardendale Drive W	Employer/Occupation/Labor Organization*		M D Y 0 7 2 6 0 6	Amount \$100.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ruth A. Joseph			Registration Number, if PAC	
Street Address 4560 Maynard Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$250.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor Salvador A. Dominguez			Registration Number, if PAC	
Street Address 303 Marconi Blvd, Ste 200	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	

* 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 \$ 900.00