

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 Michael C. Allbritain				Registration Number, if PAC	
Street Address 1866A Northwest Blvd		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$50.00
City Columbus	State OH	Zip Code 43212		Form (Cash, Check, etc.) Check	
Full Name of Contributor Michelle L. Cox				Registration Number, if PAC	
Street Address 839 Gladden Rd		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$35.00
City Grandview Heights	State OH	Zip Code 43212		Form (Cash, Check, etc.) Check	
Full Name of Contributor Andrew T. Kielczewski				Registration Number, if PAC	
Street Address 6045 E. Benalex Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 17 0 6	Amount \$35.00
City Toledo	State OH	Zip Code 43612		Form (Cash, Check, etc.) Check	
Full Name of Contributor Andrew T. Kielczewski				Registration Number, if PAC	
Street Address 6045 E. Benalex Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$15.00
City Toledo	State OH	Zip Code 43612		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Tannisha D. Bell				Registration Number, if PAC	
Street Address 617 Worthington Forest Pl		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$35.00
City Columbus	State OH	Zip Code 43229		Form (Cash, Check, etc.) Check	
Full Name of Contributor Melanie Tobais				Registration Number, if PAC	
Street Address 4427 Wooded Nook Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$35.00
City New Albany	State OH	Zip Code 43054		Form (Cash, Check, etc.) Check	
Full Name of Contributor Melanie Tobais				Registration Number, if PAC	
Street Address 4427 Wooded Nook Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$30.00
City New Albany	State OH	Zip Code 43054		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 \$ 235.00
