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R	C.	35	١7.	10

Event Date	10/23/12	_
Page 1		

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full  The Committee to Re-Elect Judge Mo	cintosh						
To Whom Paid	M D Y	Amount					
Bluestone			1 0 0 9 1 2	\$339.40			
Address	Purpose			<u></u>			
583 E. Broad Street	1	Deposit for Fundraiser					
City	State						
Columbus	OH	43215	1151				
To Whom Paid			M D Y	Amount			
Address	Purpose						
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M D Y	Amount			
				1			
Address	Purpose						
City	State	Zip Code	Check Number				
	OH						
To Whom Paid	M D Y	Amount					
Address	Purpose						
City	State OH	Zip Code	Check Number				
To Whom Paid	)		M D Y	Amount			
Address	Purpose		, , , , , , , , , , , , , , , , , , , ,				
City	State	Zip Code	Check Number				
	OH						
To Whom Paid			M D Y	Amount			
Address	Purpose		l de la lace de lace de la lace de				
City	State	Zip Code	Check Number				
ST VIII . D. I	OH		17 1 5 1	Amori			
To Whom Paid			M D Y	Amount			
Address	Purpose						
City	State	Zip Code	Check Number				
	OH						
<u> </u>							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$339.40
Page Total \$