

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 Rhonda R. Cage			Registration Number, if PAC	
Street Address 1428 Old Hickory Drive	Employer/Occupation/Labor Organization*		M 0 9 1 3 0 6	D Y Amount \$15.00
City Columbus	State OH	Zip Code 43223	Form (Cash, Check, etc.) Check	
Full Name of Contributor Shane M. Anderson			Registration Number, if PAC	
Street Address 113 Lafayette Street	Employer/Occupation/Labor Organization*		M 0 9 1 5 0 6	D Y Amount \$15.00
City Greenfield	State OH	Zip Code 45123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Shellee Fisher Davis			Registration Number, if PAC	
Street Address 8349 Breckenridge Way	Employer/Occupation/Labor Organization*		M 0 9 2 2 0 6	D Y Amount \$30.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ayanna Scott			Registration Number, if PAC	
Street Address 1373 Waveland Drive Apt B	Employer/Occupation/Labor Organization*		M 0 9 2 2 0 6	D Y Amount \$30.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Barb Welch			Registration Number, if PAC	
Street Address 16 W. Long Street	Employer/Occupation/Labor Organization*		M 0 9 2 2 0 6	D Y Amount \$15.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Bernard Williams			Registration Number, if PAC	
Street Address 5791 Halbridge Circle	Employer/Occupation/Labor Organization*		M 0 9 2 2 0 6	D Y Amount \$30.00
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Julia Kerney			Registration Number, if PAC	
Street Address 1523 Alum Crest Lane	Employer/Occupation/Labor Organization*		M 0 9 2 2 0 6	D Y Amount \$15.00
City Columbus	State OH	Zip Code 43209	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 \$ 150.00