

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 Janet E. Jackson				Registration Number, if PAC	
Street Address 2865 Castlewood Rd		Employer/Occupation/Labor Organization*		M D Y 0 4 2 6 0 6	Amount \$250.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) Check	
Full Name of Contributor Kenneth E. Harris				Registration Number, if PAC	
Street Address 978 Vernon Rd		Employer/Occupation/Labor Organization*		M D Y 0 4 2 6 0 6	Amount \$150.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) Check	
Full Name of Contributor Ivery D. Foreman				Registration Number, if PAC	
Street Address 7274 Coventry Woods Dr		Employer/Occupation/Labor Organization*		M D Y 0 4 2 6 0 6	Amount \$150.00
City Dublin	State OH	Zip Code 43017		Form (Cash, Check, etc.) Check	
Full Name of Contributor G. Gary Tyack				Registration Number, if PAC	
Street Address 947 Clubview Blvd N		Employer/Occupation/Labor Organization*		M D Y 0 4 2 6 0 6	Amount \$150.00
City Columbus	State OH	Zip Code 43235		Form (Cash, Check, etc.) Check	
Full Name of Contributor Donald J. McTigue				Registration Number, if PAC	
Street Address 3886 N. High St		Employer/Occupation/Labor Organization*		M D Y 0 4 2 6 0 6	Amount \$250.00
City Columbus	State OH	Zip Code 43214		Form (Cash, Check, etc.) Check	
Full Name of Contributor Ted Barrows				Registration Number, if PAC	
Street Address 4834 Sarasota Dr		Employer/Occupation/Labor Organization*		M D Y 0 4 2 6 0 6	Amount \$500.00
City Hilliard	State OH	Zip Code 43026		Form (Cash, Check, etc.) Check	
Full Name of Contributor G. Wayne West				Registration Number, if PAC	
Street Address 119 Amazon Pl		Employer/Occupation/Labor Organization*		M D Y 0 4 2 6 0 6	Amount \$150.00
City Columbus	State OH	Zip Code 43214		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 \$ 1,600.00