

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 Martin-Cage				Registration Number, if PAC	
Street Address 1428 Old Hickory Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43223	Y 2	Amount \$15.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Shane Anderson				Registration Number, if PAC	
Street Address 113 Lafayette Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Greenfield		State OH	Zip Code 45123	Y 2	Amount \$45.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* 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

\$4,480.00

Total expenditures this event.

\$0.00

Page Total \$ **\$60.00**