

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 Matthew J. Kelly				Registration Number, if PAC	
Street Address 545 Bradley St		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43201	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Michael A. Prisley				Registration Number, if PAC	
Street Address 2183 Zollinger Rd		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43221	Y 3	Amount \$15.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Sherlyn H. McCoy				Registration Number, if PAC	
Street Address 2891 Landon Dr		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43209	Y 2	Amount \$45.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Sheryl Williams				Registration Number, if PAC	
Street Address 658 Bugle Ct		Employer/Occupation/Labor Organization*		M 0	D 6
City Gahanna		State OH	Zip Code 43230	Y 1	Amount \$15.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Tannisha D. Bell				Registration Number, if PAC	
Street Address 617 Worthington Forest Place		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43229	Y 2	Amount \$15.00
Form (Cash, Check, etc.) Check					
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

\$7,445.00

Total expenditures this event.

\$0.00

Page Total \$ **\$140.00**