

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 McIntosh									
To Whom Paid The Bluestone						M 1	D 0	Y 2	Amount \$339.46
Address 583 East Broad Street				Purpose Event Expense					
City Columbus		State OH	Zip Code 43215	Check Number 1152					
To Whom Paid The Bluestone						M 1	D 0	Y 2	Amount \$50.00
Address 583 East Broad Street				Purpose Event Expense					
City Columbus		State OH	Zip Code 43215	Check Number 1153					
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 OH	Zip Code	Check Number					
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 OH	Zip Code	Check Number					
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 OH	Zip Code	Check Number					

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.

\$389.46
Page Total \$