

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			Registration Number, if PAC				
Carla J. Norris							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1970 Merryhill Dr				0	9	0106	\$30.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43219	Check			
Full Name of Contributor			Registration Number, if PAC				
Gradella Barton							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
N/A				0	9	0806	\$10.00
City		State	Zip Code	Form (Cash, Check, etc.)			
N/A		OH		Cash			
Full Name of Contributor			Registration Number, if PAC				
James A. Scott, Jr.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3808 Cider Mill Dr				0	9	0306	\$30.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43204	Check			
Full Name of Contributor			Registration Number, if PAC				
Mae Alston							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
N/A				0	9	0806	\$10.00
City		State	Zip Code	Form (Cash, Check, etc.)			
N/A		OH		Cash			
Full Name of Contributor			Registration Number, if PAC				
Marjorie Crowder							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
209 E. Pacemont Rd				0	8	3106	\$15.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43202	Check			
Full Name of Contributor			Registration Number, if PAC				
Mark P. Brown							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
83 Hanford St				0	9	2606	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43206	Check			
Full Name of Contributor			Registration Number, if PAC				
Marlin Jones							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
PO Box 361835				0	9	3006	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43236	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 \$	\$145.00
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