

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>McIntosh For Judge Committee</b>					
Full Name of Contributor <b>Eugene Jones</b>				Registration Number, if PAC	
Street Address <b>239 Springbrook Pl</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   1   0   6</b>	Amount <b>\$150.00</b>
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address <b>348 Kendall Pl</b>		Employer/Occupation/Labor Organization* <b>Mediation First</b>		M   D   Y <b>0   5   1   1   0   6</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43205</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Lora Bryant, Jr.</b>				Registration Number, if PAC	
Street Address <b>1465 Devonhill Ct</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   2   0   6</b>	Amount <b>\$50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43229</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Harold E. McDaniel, DDS</b>				Registration Number, if PAC	
Street Address <b>979 Wellington Blvd</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   1   0   6</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43219</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Franzella Y. Carter</b>				Registration Number, if PAC	
Street Address <b>1824 E. Rich St</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   4   0   6</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43205</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>David K. Scott</b>				Registration Number, if PAC	
Street Address <b>532 Springwood Lake Dr</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   4   0   6</b>	Amount <b>\$50.00</b>
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Stephen S. Francis, Atty.</b>				Registration Number, if PAC	
Street Address <b>6345 Cragie Hill Ct</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   1   0   6</b>	Amount <b>\$50.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>		Form (Cash, Check, etc.) <b>Check</b>	

\* 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 \$ **\$600.00**