Event Date	10/23/12	<u>.</u>
Page 3		

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

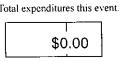
Prescribed by Secretary of State 03/05

Name of Committee in Full				
The Committee to Re-Elect Judge McIr	ntosh			
Full Name of Contributor			Registration Number, if PAC	
Linda Leah Reibel				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
39 Orchard Drive			1 0 2 3 1 2 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Worthington	ОН	43085	Check	
Full Name of Contributor			Registration Number, if PAC	
Brett L. Miller			W I S I W I .	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
38 E. Mithoff Street		7:- 0-1-	1 0 2 0 1 2	
City	Stal te	Zip Code	Form (Cash, Check, etc.) Check	
Columbus	<u> </u>	43206	Registration Number, if PAC	
Full Name of Contributor Matt Source			regionation Number, II FAC	
Matt Sauer			M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		1 0 2 3 1 2 \$100.00	
117 S. Harding Rd.	Sta te	Zip Code	Form (Cash, Check, etc.)	
City Columbus	OH	43209	Check	
Columbus Full Name of Contributor	1 011		Registration Number, if PAC	
Full Name of Contributor Thomas J. Bonasera			ļ -	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
245 John H. McConnell Blvd.	Employer/Occupation/Labor Organization/		1 0 2 3 1 2 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH [']	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Isabella Dixon				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount \$100.00	
277 Murphys Green Drive			1 0 2 3 1 2 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.) Check	
Powell	OH	43065		
Full Name of Contributor			Registration Number, if PAC	
Corey V. Crognale				
Street Address	Employer/Occu	pation/Labor Organization*	1 0 2 3 1 2 Amount \$100.00	
1052 Arcaro Drive		7:- 0 1		
City Gahanna	OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
			Registration Number, if PAC	
Full Name of Contributor Richard Parsons			regionation random, it the	
	·-	antiquit star Or suit of the	M D Y Amount	
Street Address 65 E. State Street, Ste. 200	Employer/Occu	pation/Labor Organization*	1 0 2 3 1 2 \$200.00	
	Sta te	Zip Code	Form (Cash, Check, etc.)	
City Columbus	OH	43205	Check	
* Required for contributions from individuals over \$1				

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	Total ex	ф
\$0.00		_



^{*} 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)]