

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 Melanie Diggs				Registration Number, if PAC	
Street Address 1555 Aven Drive		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 6	Amount \$20.00
City Columbus		State OH	Zip Code 43227	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Merchelle L. Martin				Registration Number, if PAC	
Street Address 3598 Tea Party Place		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 6	Amount \$10.00
City Columbus		State OH	Zip Code 43207	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael L. Jones, Jr.				Registration Number, if PAC	
Street Address PO Box 361581		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43236	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mike Davis				Registration Number, if PAC	
Street Address N/A		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 6	Amount \$20.00
City N/A		State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Nina Jackson				Registration Number, if PAC	
Street Address 1241 Haddon Road		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 6	Amount \$20.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Phala A. Talbert				Registration Number, if PAC	
Street Address 1987 Ravine Way		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 6	Amount \$30.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rhonda P. Metoyer				Registration Number, if PAC	
Street Address 1414 Lockbourne		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) 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 \$ 150.00