

# 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>Yavitch &amp; Palmer Co. LPA Attorneys at Law</b>			Registration Number, if PAC	
Street Address <b>511 S. High St.</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   1   0   6	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) Check	
Full Name of Contributor <b>Nerma Cockrell</b>			Registration Number, if PAC	
Street Address <b>8082 Woodstream Dr. NW</b>	Employer/Occupation/Labor Organization*		M   D   Y 1   0   0   1   0   6	Amount <b>\$25.00</b>
City <b>Canal Winchester</b>	State <b>OH</b>	Zip Code <b>43110</b>	Form (Cash, Check, etc.) Check	
Full Name of Contributor <b>Susan K. Ford</b>			Registration Number, if PAC	
Street Address <b>1869 Kirkbridge Ct.</b>	Employer/Occupation/Labor Organization*		M   D   Y 1   0   0   2   0   6	Amount <b>\$50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43227</b>	Form (Cash, Check, etc.) Check	
Full Name of Contributor <b>Michelle Boyer</b>			Registration Number, if PAC	
Street Address <b>2462 Mason Village Ct.</b>	Employer/Occupation/Labor Organization*		M   D   Y 1   0   0   1   0   6	Amount <b>\$20.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43232</b>	Form (Cash, Check, etc.) Check	
Full Name of Contributor <b>Jeffery Berndt</b>			Registration Number, if PAC	
Street Address <b>575 S. High St.</b>	Employer/Occupation/Labor Organization*		M   D   Y 1   0   0   4   0   6	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) Check	
Full Name of Contributor <b>Joseph E. Scott</b>			Registration Number, if PAC	
Street Address <b>35 E. Livingston Ave.</b>	Employer/Occupation/Labor Organization*		M   D   Y 1   0   0   6   0   6	Amount <b>\$500.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) Check	
Full Name of Contributor <b>Stanley B. Dritz</b>			Registration Number, if PAC	
Street Address <b>50 W. Broad St.</b>	Employer/Occupation/Labor Organization*		M   D   Y 1   0   0   6   0   6	Amount <b>\$150.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	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 \$ **\$1,095.00**