

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 Michael Allbritain				Registration Number, if PAC	
Street Address 1866A Northwest Blvd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Michelle Ferrero				Registration Number, if PAC	
Street Address 204 S. Westgate Ave		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43204	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Michelle L. Cox				Registration Number, if PAC	
Street Address 839 Gladden Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Grandview		State OH	Zip Code 43212	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Nathan Akamine				Registration Number, if PAC	
Street Address 1 Miranova Place, Ste 1130		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Pamela Gordon				Registration Number, if PAC	
Street Address 3244 Jacklin Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Pickerington		State OH	Zip Code 43147	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Paul Khoury & Theresa Fassbender				Registration Number, if PAC	
Street Address 704 Neil Avenue		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Paula & Thomas Lloyd				Registration Number, if PAC	
Street Address 8055 Fairway Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43235	Y 1	Amount \$35.00
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 \$ **\$405.00**