

# 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>Rev. Howard T. Washington</b>				Registration Number, if PAC	
Street Address <b>371 Grand Circuit Blvd</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   5   1   1   0   6	Amount <b>\$75.00</b>
City <b>Delaware</b>		State <b>OH</b>	Zip Code <b>43015</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Carla L. Bailey</b>				Registration Number, if PAC	
Street Address <b>351 Chilton Place</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   5   1   1   0   6	Amount <b>\$75.00</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>Deborah Sanders</b>				Registration Number, if PAC	
Street Address <b>641 Indian Mound Rd</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   5   1   1   0   6	Amount <b>\$75.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Richard A. Frye</b>				Registration Number, if PAC	
Street Address <b>1669 Roxbury Rd</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   5   1   1   0   6	Amount <b>\$300.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43212</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>John B. Williams</b>				Registration Number, if PAC	
Street Address <b>2393 Village at Bexley Dr</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   5   1   1   0   6	Amount <b>\$50.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Dino M. Herbert</b>				Registration Number, if PAC	
Street Address <b>5764 Clearfield Lane</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   5   1   1   0   6	Amount <b>\$75.00</b>
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Nancy V. Polite</b>				Registration Number, if PAC	
Street Address <b>984 Poppy Hills Dr</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   5   1   1   0   6	Amount <b>\$100.00</b>
City <b>Blacklick</b>		State <b>OH</b>	Zip Code <b>43004</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 \$ **\$750.00**