

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 Elizabeth J. Watters				Registration Number, if PAC	
Street Address 1263 Broadview Ave		Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 0 6	Amount \$500.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Fred D. McCoy				Registration Number, if PAC	
Street Address 2891 Landon Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Lynn Caswell				Registration Number, if PAC	
Street Address 4720 Old Ravine Ct		Employer/Occupation/Labor Organization*		M D Y 0 5 0 7 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Gary Palmer				Registration Number, if PAC	
Street Address 185 Rustic Place		Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 0 6	Amount \$1,000.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

\$6,000.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,650.00**