

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 Jeanine Hummer				Registration Number, if PAC	
Street Address 1795 Edgemont Rd		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43212	Y 0	Amount \$25.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Joanne Aubrey				Registration Number, if PAC	
Street Address 221 S. Roosevelt		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor John C. Hartranft				Registration Number, if PAC	
Street Address 4350 Braunton Rd		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43220	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor John H. Bates, Esq.				Registration Number, if PAC	
Street Address 495 S. High St, Ste. 400		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Julia L. Dorrian				Registration Number, if PAC	
Street Address 130 Northridge Rd		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43214	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor K. A. Manoranjan				Registration Number, if PAC	
Street Address 344 Cramer Creek Court		Employer/Occupation/Labor Organization*		M 0	D 6
City Dublin		State OH	Zip Code 43017	Y 3	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Kenneth Gamble				Registration Number, if PAC	
Street Address 4645 Kingston Ct		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$100.00
				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 \$ **\$775.00**