

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 Stanley & Regina Drzewiecki			Registration Number, if PAC	
Street Address 5771 Wooden Plank Rd	Employer/Occupation/Labor Organization*		M D Y 1 1 0 6 0 6	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan K. Ford			Registration Number, if PAC	
Street Address 1869 Kirkbridge Ct	Employer/Occupation/Labor Organization*		M D Y 1 1 0 3 0 6	Amount \$35.00
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas L. Fries			Registration Number, if PAC	
Street Address 3400 Toni Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 9 0 6	Amount \$200.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy Fox			Registration Number, if PAC	
Street Address 2616 Wexford Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 0 6	Amount \$500.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Vicki Lynn Jenkins			Registration Number, if PAC	
Street Address 1490 Slade Ave Apt 302	Employer/Occupation/Labor Organization*		M D Y 1 0 2 8 0 6	Amount \$100.00
City Columbus	State OH	Zip Code 43235	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.)	

* 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

\$6,725.00

Total expenditures this event.

\$0.00Page Total \$ **\$935.00**