

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 Genesis Consulting Group			Registration Number, if PAC	
Street Address PO Box 236	Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 0 6	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor George or Joyce Mills			Registration Number, if PAC	
Street Address 2478 Stafford Pl	Employer/Occupation/Labor Organization*		M D Y 1 0 3 0 0 6	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Hudson for Council			Registration Number, if PAC	
Street Address 3886 N. High St	Employer/Occupation/Labor Organization*		M D Y 1 0 1 8 0 6	Amount \$250.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jacinto W. & Karen L. Beard			Registration Number, if PAC	
Street Address 234 Springbrook Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 3 0 0 6	Amount \$500.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor James R. Clemens			Registration Number, if PAC	
Street Address 1933 Ronald Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 0 6	Amount \$50.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check	
Full Name of Contributor Janet E. Jackson			Registration Number, if PAC	
Street Address 2865 Castlewood Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$250.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey J. & Melanie C. Jurca			Registration Number, if PAC	
Street Address 458 Whitley Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 0 6	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	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 \$ **\$1,350.00**