

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 Angela Radney				Registration Number, if PAC	
Street Address 7776 Cheriton Cir		Employer/Occupation/Labor Organization*		M 0	D 5
City Reynoldsburg		State OH	Zip Code 43068	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor David Peterson				Registration Number, if PAC	
Street Address 4551 Huckleberry Ct		Employer/Occupation/Labor Organization*		M 0	D 5
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Frank T. Gill				Registration Number, if PAC	
Street Address 4204 Lawnview Dr		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Kafantaris				Registration Number, if PAC	
Street Address 709 S. 3rd St		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor W.S. Kane				Registration Number, if PAC	
Street Address 6283 Parkmeadow Ln		Employer/Occupation/Labor Organization*		M 0	D 5
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Cynthia Seckerson				Registration Number, if PAC	
Street Address 4551 Huckleberry Ct		Employer/Occupation/Labor Organization*		M 0	D 5
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Levering				Registration Number, if PAC	
Street Address 3333 Parksley Ct		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43204	Y 1	Amount \$35.00
				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 \$ **\$275.00**