

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 J.S. Overking				Registration Number, if PAC			
Street Address 4689 Tatersall Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$30.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor I.M. Overking				Registration Number, if PAC			
Street Address 4689 Tatersall Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$35.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ian Overking				Registration Number, if PAC			
Street Address 4689 Tatersall Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$35.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Abigail Harding				Registration Number, if PAC			
Street Address 265 McCoy Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	\$100.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check			
Full Name of Contributor Anne M. Murray				Registration Number, if PAC			
Street Address 1594 Cambridge Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	\$20.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor Anne M. Murray				Registration Number, if PAC			
Street Address 1594 Cambridge Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$50.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor Deana J. Rybak				Registration Number, if PAC			
Street Address 370 S. Fifth St, Apt 601		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	\$10.00
City Columbus		State OH	Zip Code 43215	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 \$ 280.00