

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 Karen Susan Days				Registration Number, if PAC	
Street Address 4330 Danforth Rd		Employer/Occupation/Labor Organization*		M D Y 1 0 1 7 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43224	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kent Garrett				Registration Number, if PAC	
Street Address N/A		Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 0 6	Amount \$50.00
City N/A		State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Law Offices of Robin Stith				Registration Number, if PAC	
Street Address 135 E. Kossuth St		Employer/Occupation/Labor Organization*		M D Y 1 1 0 5 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marchelle E. Moore				Registration Number, if PAC	
Street Address 7918 Slate Ridge Blvd		Employer/Occupation/Labor Organization*		M D Y 1 0 2 6 0 6	Amount \$75.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Olivia Bethley Johnson				Registration Number, if PAC	
Street Address 2046 Willow Glen Lane		Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 0 6	Amount \$200.00
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) Check	
Full Name of Contributor Othelda A. Spencer				Registration Number, if PAC	
Street Address 434 E. Livingston Ave		Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richanne Zymoski & Patrick Fleming				Registration Number, if PAC	
Street Address 2128 Poplar St		Employer/Occupation/Labor Organization*		M D Y 1 0 2 3 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43207	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 \$ **\$725.00**