

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 Dennis & Ellen Murphy			Registration Number, if PAC	
Street Address 1065 Clover Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$50.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Diane Reichewein & Ronald Koltak			Registration Number, if PAC	
Street Address 1963 N. Devon Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$100.00
City Upper Arlington	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey Johnson & Kathryn Haller			Registration Number, if PAC	
Street Address 6933 Ravine Circle	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$75.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Loren Braverman			Registration Number, if PAC	
Street Address 77 N. Ardmore Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$50.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen C. Fitch			Registration Number, if PAC	
Street Address 885 Robbins Way	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sherri J. Passmore			Registration Number, if PAC	
Street Address 431 Whitley Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joseph Pursglove II			Registration Number, if PAC	
Street Address 1272 Pond Hollow Ln.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 3 0 6	Amount \$100.00
City New Albany	State OH	Zip Code 43054	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 \$ **\$575.00**