

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date _____
Page _____

Name of Committee in Full				
McINTOSH FOX JUDGE Committee				
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
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Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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 \$ 0.00