

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 Stephen J. Steinberg				Registration Number, if PAC	
Street Address 2389 Waterpointe Ct		Employer/Occupation/Labor Organization*		M D Y 0 5 2 5 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Anthony Sperlazza				Registration Number, if PAC	
Street Address 3131 Arlington Ln		Employer/Occupation/Labor Organization*		M D Y 0 5 1 8 0 6	Amount \$35.00
City Upper Arlington		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Danielle N. Thornsberry				Registration Number, if PAC	
Street Address 4759 Crazy Horse Ln		Employer/Occupation/Labor Organization*		M D Y 0 5 1 8 0 6	Amount \$35.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Berlis Thornsberry				Registration Number, if PAC	
Street Address 804 Celine Ct		Employer/Occupation/Labor Organization*		M D Y 0 5 1 4 0 6	Amount \$35.00
City West Jefferson		State OH	Zip Code 43162	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mitchell A. Williams				Registration Number, if PAC	
Street Address 35 Hully Aly		Employer/Occupation/Labor Organization*		M D Y 0 5 1 8 0 6	Amount \$35.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Adam Beane				Registration Number, if PAC	
Street Address 4177 Appleleaf Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 1 8 0 6	Amount \$35.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melvin J. Davis				Registration Number, if PAC	
Street Address 3746 Soft Wind Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 1 8 0 6	Amount \$35.00
City Columbus		State OH	Zip Code 43232	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 \$ **\$260.00**