

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 Jody S. Underwood			Registration Number, if PAC	
Street Address 1421 Doten Ave	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$40.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor John & Donna Wenzel			Registration Number, if PAC	
Street Address 7400 Avery Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$50.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael & Mary Zangerle			Registration Number, if PAC	
Street Address 7657 Kestrel Way West	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$25.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robyn J. Hooks			Registration Number, if PAC	
Street Address 355 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 Sandra Stephenson			Registration Number, if PAC	
Street Address 4110 Sunbury Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$200.00
City Galena	State OH	Zip Code 43021	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tena L. Wentz			Registration Number, if PAC	
Street Address 7705 Kestral Way West	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$25.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Williams F. Lee			Registration Number, if PAC	
Street Address 4110 Sunbury Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$100.00
City Galena	State OH	Zip Code 43021	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

\$680.00

Total expenditures this event.

\$0.00

Page Total \$ 490.00