

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>McIntosh For Judge Committee</b>						
Full Name of Contributor <b>Bonnie Brizendene</b>			Registration Number, if PAC			
Street Address <b>88 E. Broad St, Ste 1250</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Charles C. Warner</b>			Registration Number, if PAC			
Street Address <b>145 E. South St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$100.00</b>
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Christopher William Blank</b>			Registration Number, if PAC			
Street Address <b>5324 Willow Valley Way</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$150.00</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Dolly G. Newhouse</b>			Registration Number, if PAC			
Street Address <b>2674 Henthorne Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>\$100.00</b>
City <b>Upper Arlington</b>	State <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Donna Shipka</b>			Registration Number, if PAC			
Street Address <b>6606 Skywae Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2</b>	Amount <b>\$50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43229</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Eugene Jones</b>			Registration Number, if PAC			
Street Address <b>239 Springbrook Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$150.00</b>
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>Check</b>			
Full Name of Contributor <b>Evsen Alasyali</b>			Registration Number, if PAC			
Street Address <b>6046 Heritage View Ct</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>\$200.00</b>
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	Form (Cash, Check, etc.) <b>Check</b>			

\* 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 \$ **\$1,750.00**