

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 Scott Wilson Schiff				Registration Number, if PAC	
Street Address 88 W. Main St		Employer/Occupation/Labor Organization*		M D Y 0 7 2 0 0 6	Amount \$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan E. Ashbrook					
Full Name of Contributor Susan E. Ashbrook				Registration Number, if PAC	
Street Address 139 S. Westmoor Ave		Employer/Occupation/Labor Organization*		M D Y 0 7 0 6 0 6	Amount \$150.00
City Columbus		State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan S. Berkemer					
Full Name of Contributor Susan S. Berkemer				Registration Number, if PAC	
Street Address 1806 Hickory Hill Dr		Employer/Occupation/Labor Organization*		M D Y 0 7 0 6 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43228	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas L. Long					
Full Name of Contributor Thomas L. Long				Registration Number, if PAC	
Street Address 2565 Leeds Rd		Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 0 6	Amount \$250.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tom Lindsey					
Full Name of Contributor Tom Lindsey				Registration Number, if PAC	
Street Address 4740 Strayer Dr		Employer/Occupation/Labor Organization*		M D Y 0 7 0 6 0 6	Amount \$250.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Unknown					
Full Name of Contributor Unknown				Registration Number, if PAC	
Street Address N/A		Employer/Occupation/Labor Organization*		M D Y 0 7 0 6 0 6	Amount \$50.00
City N/A		State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Uri Perrin					
Full Name of Contributor Uri Perrin				Registration Number, if PAC	
Street Address 35 Clark St, Apt F3		Employer/Occupation/Labor Organization*		M D Y 0 7 0 6 0 6	Amount \$50.00
City Brooklyn		State NY	Zip Code 11201	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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 1,100.00
