

## 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 Amy M. Livingston		Registration Number, if PAC	
Street Address PO Box 3792	Employer/Occupation/Labor Organization*		M   D   Y   Amount 1   0   1   9   0   6   \$40.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check
Full Name of Contributor Bertha Duran		Registration Number, if PAC	
Street Address 1777 Drayton Park Ct		Employer/Occupation/Labor Organization*	
City Columbus		State OH	Zip Code 43212
Full Name of Contributor Bill R. Hedrick, Esq.		Registration Number, if PAC	
Street Address 838 Thurber Drive W. A22		Employer/Occupation/Labor Organization*	
City Columbus		State OH	Zip Code 43215
Full Name of Contributor Bridget E. Carty		Registration Number, if PAC	
Street Address 6363 Morrissey Pl		Employer/Occupation/Labor Organization*	
City Dublin		State OH	Zip Code 43016
Full Name of Contributor Carol A. Wright		Registration Number, if PAC	
Street Address 318 Berger Alley		Employer/Occupation/Labor Organization*	
City Columbus		State OH	Zip Code 43206
Full Name of Contributor Christine & Jeffrey S. Furbee		Registration Number, if PAC	
Street Address 969 Woodhil Dr		Employer/Occupation/Labor Organization*	
City Columbus		State OH	Zip Code 43212
Full Name of Contributor Cynthia L. Seckerson		Registration Number, if PAC	
Street Address 4551 Huckleberry Ct		Employer/Occupation/Labor Organization*	
City Hilliard		State OH	Zip Code 43026

\* 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 \$ 290.00