

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 Janet E. Jackson		Registration Number, if PAC	
Street Address 2865 Castlewood Rd	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 6 0 6 \$250.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Kenneth E. Harris		Registration Number, if PAC	
Street Address 978 Vernon Rd	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 6 0 6 \$150.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Ivery D. Foreman		Registration Number, if PAC	
Street Address 7274 Coventry Woods Dr	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 6 0 6 \$150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check
Full Name of Contributor G. Gary Tyack		Registration Number, if PAC	
Street Address 947 Clubview Blvd N	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 6 0 6 \$150.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check
Full Name of Contributor Donald J. McTigue		Registration Number, if PAC	
Street Address 3886 N. High St	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 6 0 6 \$250.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check
Full Name of Contributor Ted Barrows		Registration Number, if PAC	
Street Address 4834 Sarasota Dr	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 6 0 6 \$500.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check
Full Name of Contributor G. Wayne West		Registration Number, if PAC	
Street Address 119 Amazon Pl	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 6 0 6 \$150.00
City Columbus	State OH	Zip Code 43214	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 \$ **\$1,600.00**