

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 Frank & Melinda Todaro				Registration Number, if PAC	
Street Address 7325 Macbeth Drive		Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin		State OH	Zip Code 43016	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Gittes & Schulte				Registration Number, if PAC	
Street Address 723 Oak Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43205	Y 0	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor John T. Coats Sr.				Registration Number, if PAC	
Street Address 1833 Kent St.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43205	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Kegler, Brown, Hill & Ritter, PAC				Registration Number, if PAC CP648	
Street Address 65 E. State Street Suite 1800		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Linda J. McNamara				Registration Number, if PAC	
Street Address 3966 Fairlington Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43220	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Lucille Tillery				Registration Number, if PAC	
Street Address 634 Harrow Ct.		Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna		State OH	Zip Code 43230	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Dutcher				Registration Number, if PAC	
Street Address 5229 Dietrich Ave		Employer/Occupation/Labor Organization*		M 0	D 8
City Orient		State OH	Zip Code 43146	Y 2	Amount \$30.00
				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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$1,580.00
