

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 Walter Gerhardstein, Jr.				Registration Number, if PAC	
Street Address 174 Springbrook Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Gahanna		State OH	Zip Code 43230	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor William Woods				Registration Number, if PAC	
Street Address 1022 Blind Brook Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43235	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Wrightsel & Wrightsel				Registration Number, if PAC	
Street Address 3300 Riverside Dr, Ste. 100		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Zeiger, Tigges & Little, LLP				Registration Number, if PAC	
Street Address 41 S. High St, Ste 3500		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Anna Firestone				Registration Number, if PAC	
Street Address 204 E. Royal Forest Blvd		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43214	Y 2	Amount \$50.00
				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*		M 0	D 6
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$15.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Imogene Brodie				Registration Number, if PAC	
Street Address 2600 Schaaf Dr		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43209	Y 2	Amount \$15.00
				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 \$ 880.00