

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 Sharon C. West				Registration Number, if PAC	
Street Address 119 Amazon Place		Employer/Occupation/Labor Organization*		M D Y 0 8 0 3 0 6	Amount \$150.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Shaw & Miller Attorneys At Law				Registration Number, if PAC	
Street Address 555 City Park Ave		Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$215.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Smith, Phillips & Assoc, Co LPA				Registration Number, if PAC	
Street Address 6660 N. High St, Ste 3F		Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$50.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Steven Lee Smith				Registration Number, if PAC	
Street Address 261 S. Front St		Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Terry L. Kilgore				Registration Number, if PAC	
Street Address 3031 Birch Hollow Way		Employer/Occupation/Labor Organization*		M D Y 0 7 2 5 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43231	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tex S. Hysell				Registration Number, if PAC	
Street Address 845 Nob Hill Dr W		Employer/Occupation/Labor Organization*		M D Y 0 7 2 5 0 6	Amount \$50.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor The Plymale Partnership, LLP				Registration Number, if PAC	
Street Address 495 S. High St, Ste 400		Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 0 6	Amount \$250.00
City Columbus		State OH	Zip Code 43215	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 \$ **\$915.00**