Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full		· · · · · · · · · · · · · · · · · · ·		
McIntosh For Judge Committee				
Full Name of Contributor Total Contributions from Form 31-E		N	Registration Number, if I	PAC
Street Address 7/6/06 Fund-Raising Event	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.) Cash, Check
City Columbus	State OH	Zip Code	0 7 0 6 0 6	Amount \$7,445.00
Full Name of Contributor Total Contributions from Form 31-E	· · · · · · · · · · · · · · · · · · ·		Registration Number, if I	PAC
Street Address	E-antours/Oca	·		Form (Cash, Check, etc.)
8/2/06 Fund-Raising Event		upation/Labor Organization*		Cash, Check
Columbus	OH Stake	Zîp Code	0 8 0 2 0 6	Amount \$7,090.00
Full Name of Contributor Total Contributions from Form 31-E			Registration Number, if F	_
Street Address 8/25/06 Fund-Raising Event	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Cash, Check
City Columbus	State OH	Zip Code	0 8 2 5 0 6	Amount \$3,155.00
Full Name of Contributor Total Contributions from Form 31-E Registration Number, if PAC				
Street Address 9/22/06 Fund-Raising Event	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Cash, Check
City Columbus	State OH	Zip Code	0 9 2 2 0 6	Amount \$4,480.00
Full Name of Contributor Total Contributions from Form 31-E			Registration Number, if P	AC
Street Address 9/28/06 Fund-Raising Event	Employer/Occu	ipation/Labor Organization*	<u></u>	Form (Cash, Check, etc.) Cash, Check
City Columbus	State OH	Zip Code	0 9 2 8 0 6	Amount \$9,440.00
Full Name of Contributor Total Contributions from Form 31-E Registration Number, if PAC				
Street Address 10/13/06 Fund-Raising Event		pation/Labor Organization*		Form (Cash, Check, etc.) Cash, Check
City Columbus	State OH	Zip Code	1 0 1 3 0 6	Amount \$2,410.00
Full Name of Contributor Total Contributions from Form 31-E Registration Number, if P				ĀC
Street Address 10/16/06 Fund-Raising Event	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Cash, Check
City Columbus	State OH	Zip Code	M D Y 1 0 1 6 0 6	Amount \$680.00
Full Name of Contributor Registration Number, if PAC				
Street Address	Employer/Occup	pation/Labor Organization*	—! <u>————</u>	Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount

Page Total \$34,700.00

^{*} 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)]