

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 Nicholas Cavalaris			Registration Number, if PAC	
Street Address 1815 Ashland Ave	Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$40.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Terrance T. Wheeler			Registration Number, if PAC	
Street Address 926 Mount Pleasant Ave	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 0 6	Amount \$50.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Artz & Dewhirst, LLP Attorneys At Law			Registration Number, if PAC	
Street Address 560 E. Town St	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 0 6	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cardinal & Ruth Harriston			Registration Number, if PAC	
Street Address 1054 Lilley Ave	Employer/Occupation/Labor Organization*		M D Y 1 0 1 6 0 6	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laura P. Weisel PhD			Registration Number, if PAC	
Street Address 4000 The Old Post Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 1 4 0 6	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard A. Talbott			Registration Number, if PAC	
Street Address 4236 Shire Cove Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 1 3 0 6	Amount \$250.00
City Hilliard	State OH	Zip Code 43026	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 1 0 1 7 0 6	Amount \$500.00
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

\$2,410.00

Total expenditures this event.

\$0.00

Page Total \$ \$1,140.00
