Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 9/28/06	
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Name of Committee in Full			· · · · · · · · · · · · · · · · · · ·
McIntosh For Judge Committee			
Full Name of Contributor			Registration Number, if PAC
James J. Thomas			
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount
60 Grace Drive			0 9 2 8 0 6 \$100.00
City Powell	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	ОН	43065	Check
Kevin Durkin, Attorney At Law			Registration Number, if PAC
Street Address	F 1 10	7.1	
417 E. Broad St	Employer/Occup	pation/Labor Organization*	M D Y Amount 0 9 2 9 0 6 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH OH	43215	Check
Full Name of Contributor			Registration Number, if PAC
Lane, Alton & Horst, LLC			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
175 South Third St			1 0 0 1 0 6 \$750.00
City Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43215	Check
Marvena E. Twigg			Registration Number, if PAC
Street Address	E1/O	ation/Luly O	M D Y Amount
2830 Lymington Road	Employer/Occup	ation/Labor Organization*	M D Y Amount 5100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	Check
Full Name of Contributor Michael C. Allbritain		, ' 	Registration Number, if PAC
Street Address 1866A Northwest Blvd	Employer/Occup	ation/Labor Organization*	M D Y Amount
City			0 9 2 7 0 6 \$85.00
Columbus	OH Stal te	Zip Code 43212	Form (Cash, Check, etc.) Check
Full Name of Contributor	011	1,7-1,2	Registration Number, if PAC
Neil W. Rosenberg, Attorney At Law			Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
400 S. 5th St Ste 102			0 9 2 9 0 6 \$150.00
Columbia	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor Preston N. Stearns			Registration Number, if PAC
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
1020 Matterhorn Dr	,,	Q	0 9 1 1 0 6 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	Check
Required for contributions from individuals over \$1	00 to -t-t10 1 1	11 111 70 11	

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 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

ndividuals 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)]