

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 Otto Beatty III				Registration Number, if PAC	
Street Address 600 S. Grant Ave		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen S. Francis, Atty.					
Street Address 6345 Cragie Hill Court		Employer/Occupation/Labor Organization*		M 0	D 5
City Dublin		State OH	Zip Code 43017	Y 1	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Dr. Janet E. Kearney					
Street Address 520 Whitson Dr		Employer/Occupation/Labor Organization*		M 0	D 5
City Gahanna		State OH	Zip Code 43230	Y 1	Amount \$75.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael E. Pettiford					
Street Address 7858 Burnwood St		Employer/Occupation/Labor Organization*		M 0	D 5
City Dublin		State OH	Zip Code 43016	Y 1	Amount \$75.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Christine Sowell					
Street Address 4702 Collingville Way		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43230	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor James A. Scott, Jr.					
Street Address 3808 Cider Mill Dr		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43204	Y 1	Amount \$75.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Matthew A. Eldridge					
Street Address 233 S. High St, Suite 300		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$75.00
				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 \$ **\$650.00**