

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 10/13/06

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Name of Committee in Full <b>McIntosh For Judge Committee</b>			
Full Name of Contributor <b>Helen M. Ninos &amp; Michael J. Underwood</b>		Registration Number, if PAC	
Street Address <b>891 Dark Star Ave</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   1   0   0   6</b>	Amount <b>\$50.00</b>
City <b>Gahanna</b>	State <b>OH</b> Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Koltak &amp; Gibson, LLP</b>		Registration Number, if PAC	
Street Address <b>5 E. Long St</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   1   3   0   6</b>	Amount <b>\$150.00</b>
City <b>Columbus</b>	State <b>OH</b> Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Sean H. Maxfield, Attorney At Law</b>		Registration Number, if PAC	
Street Address <b>825 S. Front St</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   1   3   0   6</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b> Zip Code <b>43206</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Committee To Elect Ray Miller</b>		Registration Number, if PAC	
Street Address <b>17 S. High St</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   1   2   0   6</b>	Amount <b>\$300.00</b>
City <b>Columbus</b>	State <b>OH</b> Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Stewart &amp; Keena Smith</b>		Registration Number, if PAC	
Street Address <b>1638 Minturn Dr</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   9   2   8   0   6</b>	Amount <b>\$35.00</b>
City <b>New Albany</b>	State <b>OH</b> Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Andrea Watts</b>		Registration Number, if PAC	
Street Address <b>2510 Bloxom St</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   1   0   0   6</b>	Amount <b>\$25.00</b>
City <b>Grove City</b>	State <b>OH</b> Zip Code <b>43123</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Carlene V. Smith</b>		Registration Number, if PAC	
Street Address <b>1949 Case Rd</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   1   8   0   6</b>	Amount <b>\$35.00</b>
City <b>Columbus</b>	State <b>OH</b> Zip Code <b>43224</b>	Form (Cash, Check, etc.) <b>Check</b>	

\* 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 \$ **\$695.00**