

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 Alison L. Smith				Registration Number, if PAC	
Street Address 929 Harrison Ave, Suite 300		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Bricker & Eckler LLP				Registration Number, if PAC	
Street Address 100 S. Third St		Employer/Occupation/Labor Organization* State Political Action Committee		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Christopher Cooper, Esq.				Registration Number, if PAC	
Street Address 286 Marjoram Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Gahanna		State OH	Zip Code 43230	Y 0	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Dennis O. Kaps				Registration Number, if PAC	
Street Address 191 Oakland Park Ave		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43214	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Frederick D. Benton, Jr.				Registration Number, if PAC	
Street Address 786 S. Front St		Employer/Occupation/Labor Organization* A Legal Professional Assn.		M 0	D 7
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Gregg R. Lewis				Registration Number, if PAC	
Street Address 625 City Park		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43206	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Isaac, Brant, Ledman & Teetor LLP				Registration Number, if PAC	
Street Address 250 E. Broad St		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$150.00
				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 \$ 1,950.00