

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 Gregory N. Finnerty			Registration Number, if PAC	
Street Address 85 E. Gay St, Ste 702	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Harold E. McDaniel, DDS			Registration Number, if PAC	
Street Address 979 Wellington Blvd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$150.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor IBEW - COPE			Registration Number, if PAC	
Street Address 900 Seventh St NW	Employer/Occupation/Labor Organization*		M D Y 0 7 1 0 0 6	Amount \$500.00
City Washington	State DC	Zip Code 20001	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jack G. Gibbs, Jr.			Registration Number, if PAC	
Street Address 3855 McDannald Dr	Employer/Occupation/Labor Organization*		M D Y 0 7 2 4 0 6	Amount \$150.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor James A. Scott, Jr.			Registration Number, if PAC	
Street Address 3808 Cider Mill Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$100.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jerilyn L. Wolman, PhD			Registration Number, if PAC	
Street Address 315 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 2 0 6	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kelly O'Reilly Anzelmo			Registration Number, if PAC	
Street Address 446 Howland Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 1 0 6	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	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 \$ \$1,200.00