

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McIntosh for School Board							
Full Name of Contributor Jimmi S. McIntosh					Registration Number, if PAC		
Street Address 1041 Bluejay Ct		Employer/Occupation/Labor Organization* Administrator			Form (Cash, Check, etc.) Check		
City Cincinnati	State OH	Zip Code 45244	M 09	D 22	Y 09	Amount 75.00	
Full Name of Contributor Kimberly J. Maynard					Registration Number, if PAC		
Street Address 600 Link Rd		Employer/Occupation/Labor Organization* City Auditor			Form (Cash, Check, etc.) Check		
City Whitehall	State OH	Zip Code 43213	M 09	D 28	Y 09	Amount 50.00	
Full Name of Contributor OH Democratic Party State Campaign Account					Registration Number, if PAC		
Street Address 340 E Fulton Street		Employer/Occupation/Labor Organization* Ohio Democratic Party			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 09	D 28	Y 09	Amount 50.00	
Full Name of Contributor UFCW Local 1059 Active Ballot Club					Registration Number, if PAC LA437		
Street Address 4150 E. Main St		Employer/Occupation/Labor Organization* UFCW			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43213	M 10	D 19	Y 09	Amount 100.00	
Full Name of Contributor Carolyn McIntosh					Registration Number, if PAC		
Street Address 140 Rita Court		Employer/Occupation/Labor Organization* Teacher			Form (Cash, Check, etc.) Cash		
City Whitehall	State OH	Zip Code 43213	M 09	D 22	Y 09	Amount 85.00	
Full Name of Contributor Carolyn McIntosh					Registration Number, if PAC		
Street Address 140 Rita Court		Employer/Occupation/Labor Organization* Teacher			Form (Cash, Check, etc.) Cash		
City Whitehall	State OH	Zip Code 43213	M 10	D 19	Y 09	Amount 45.00	
Full Name of Contributor Carolyn McIntosh					Registration Number, if PAC		
Street Address 140 Rita Court		Employer/Occupation/Labor Organization* Teacher			Form (Cash, Check, etc.) Cash		
City Whitehall	State OH	Zip Code 43213	M 10	D 07	Y 09	Amount 60.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	

* 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)]

Page Total \$0.00