Event Date_	10/23/12
Page 2	

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

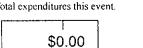
Prescribed by Secretary of State 03/0:

Name of Committee in Full			
The Committee to Re-Elect Judge M	IcIntosh		
Full Name of Contributor			Registration Number, if PAC
Roger M. Koeck		***	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
6257 Emberwood			1 0 2 3 1 2 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	Check
Full Name of Contributor			Registration Number, if PAC
Barry W. Wilford			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
481 E. Sycamore Street			1 0 2 3 1 2 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43206	Check
Full Name of Contributor			Registration Number, if PAC
Steve Larson			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
283 S. Third Street			1 0 2 3 1 2 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43215	Cash
Full Name of Contributor			Registration Number, if PAC
Woody Fox			3333
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
283 S. Third Street			1 0 2 3 1 2 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Cash
Full Name of Contributor			Registration Number, if PAC
Eric Hoffman			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
338 S. High Street			1 0 2 3 1 2 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	
Full Name of Contributor			Registration Number, if PAC
D. Wesley Newhouse			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 0 2 3 1 2 \$250.00
2674 Henthorne Drive			
City	Sta'te	Zip Code	Form (Cash, Check, etc.) Check
Upper Arlington	OH	43221	
Full Name of Contributor			Registration Number, if PAC
Charles E. Ticknor III			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1049 Grandview Avenue			1 0 2 3 1 2 \$100.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	Check
* Paguired for contributions from individuals over	\$100 to statewide and Coneral As	gamble aandidataa If aantrib	utor is self-employed, the occupation and the name of

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 contribution	ons this event	Total expe
\$	0.00	
Ψ	0.00	



Page Total \$ ____\$900.00

^{*} 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)]