

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

Prescribed by Secretary of State 03/05

Event Date 8/25/06

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Name of Committee in Full McIntosh For Judge Committee					
Full Name of Contributor Bill Hendrick, Esq.				Registration Number, if PAC	
Street Address 838 Thurber Drive W Apt 22		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43215	0   8   2   5   0   6	\$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Bradley Hummel					
Street Address 2101 Elgin Rd		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43221	0   8   1   6   0   6	\$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Brian & Heather Keck					
Street Address 3400 Heritage Oaks Dr		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Hilliard		State OH	Zip Code 43026	0   8   1   6   0   6	\$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Chester Christie					
Street Address 1344 Eldorn Dr		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43207	0   8   2   9   0   6	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Cynthia Seckerson					
Street Address 4551 Huckleberry Ct		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Hilliard		State OH	Zip Code 43026	0   8   1   6   0   6	\$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor David Lynch					
Street Address PO Box 13592		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43213	0   8   2   9   0   6	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Diane Goss					
Street Address 2840 S. Dorchester Rd		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43221	0   8   2   9   0   6	\$100.00
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 \$ \$670.00