

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

Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Re-Elect Judge McIntosh					
Full Name of Contributor Matt Zeiger				Registration Number, if PAC	
Street Address 41 S. High Street, Suite 3500		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$200.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Lee M. Smith				Registration Number, if PAC	
Street Address 929 Harrison Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Javier H. Armengau				Registration Number, if PAC	
Street Address 857 S. High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$575.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor CMP Law PAC				Registration Number, if PAC 1505	
Street Address 366 E. Broad Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Dan Conner				Registration Number, if PAC	
Street Address 501 S. High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Kegler, Brow, Hill & Ritter, PAC				Registration Number, if PAC CP648	
Street Address 65 E. State Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Abe Bahgat				Registration Number, if PAC	
Street Address 338 S. High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	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 \$ **\$1,875.00**