

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 Otto Beatty III				Registration Number, if PAC	
Street Address 600 S. Grant Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 1 0 6
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Stephen S. Francis, Atty.				Registration Number, if PAC	
Street Address 6345 Cragie Hill Court	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 1 0 6
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Dr. Janet E. Kearney				Registration Number, if PAC	
Street Address 520 Whitson Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 1 0 6
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check		Amount \$75.00
Full Name of Contributor Michael E. Pettiford				Registration Number, if PAC	
Street Address 7858 Burnwood St	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 1 0 6
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check		Amount \$75.00
Full Name of Contributor Christine Sowell				Registration Number, if PAC	
Street Address 4702 Collingville Way	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 0 6
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor James A. Scott, Jr.				Registration Number, if PAC	
Street Address 3808 Cider Mill Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 1 0 6
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check		Amount \$75.00
Full Name of Contributor Matthew A. Eldridge				Registration Number, if PAC	
Street Address 233 S. High St, Suite 300	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 1 0 6
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$75.00

* 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)]

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 \$ **\$650.00**