

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 A. Robert Hutchins				Registration Number, if PAC	
Street Address 411 E. Town Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$200.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Carlile, Patchen & Murphy LLP				Registration Number, if PAC	
Street Address 366 E. Broad Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Eric D. Carmichael				Registration Number, if PAC	
Street Address 1299 Brookwood Place		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 2	Amount \$200.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Frederick D. Benton, Jr.				Registration Number, if PAC	
Street Address 786 S. Front St, Ste 204		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor John Parmis				Registration Number, if PAC	
Street Address 6910 Cunningham Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City New Albany		State OH	Zip Code 43054	Y 1	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Kitrick & Lewis Co., LPA				Registration Number, if PAC	
Street Address 515 E. Main St, Ste 515		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Laborers Int'l Union of North America				Registration Number, if PAC	
Street Address 620 Alum Creek Drive		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43205	Y 2	Amount \$1,000.00
				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 \$ 2,800.00