

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

Prescribed by Secretary of State 03/05

Event Date 9/28/06

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Name of Committee in Full McIntosh For Judge Committee					
Full Name of Contributor Hearcel F. Craig				Registration Number, if PAC	
Street Address PO Box 151243		Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43232	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sharon Whitten				Registration Number, if PAC	
Street Address 5298 Soloman Ave		Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 0 6	Amount \$20.00
City Groveport		State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ted & Nita Ferguson				Registration Number, if PAC	
Street Address 88 E. Tulane Rd		Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Tom & Helen Ferguson				Registration Number, if PAC	
Street Address 175 Woodland Rd		Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 0 6	Amount \$60.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Bill & Janet Hawkins				Registration Number, if PAC	
Street Address 6273 Sharon Woods Blvd		Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 0 6	Amount \$60.00
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Wayne & Sharon West				Registration Number, if PAC	
Street Address 119 Amazon Pl		Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 0 6	Amount \$60.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Terry Dick				Registration Number, if PAC	
Street Address 5296 Brandy Oaks Ln		Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 0 6	Amount \$35.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Cash	

* 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 \$ **\$385.00**