

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 Nannette Reynolds				Registration Number, if PAC	
Street Address 7671 Fenway Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City New Albany		State OH	Zip Code 43054	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Clay				Registration Number, if PAC	
Street Address 160 S. Monroe Ave.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43205	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Rod or Roxanne Tyree				Registration Number, if PAC	
Street Address 6635 Elm Park Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Galloway		State OH	Zip Code 43119	Y 1	Amount \$15.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Sallie Gibson				Registration Number, if PAC	
Street Address 1607 Franklin Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43205	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Sallie Gibson				Registration Number, if PAC	
Street Address 1607 Franklin Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43205	Y 0	Amount \$150.00
				Form (Cash, Check, etc.) Money Order	
Full Name of Contributor Scott & Roberta Timmerman				Registration Number, if PAC	
Street Address 5705 Tara Hill Drive		Employer/Occupation/Labor Organization*		M 0	D 6
City Dublin		State OH	Zip Code 43017	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan K. Ford				Registration Number, if PAC	
Street Address 1869 Kirkbridge Ct.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43227	Y 0	Amount \$50.00
				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 \$ **\$515.00**