

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 James D. Abrams				Registration Number, if PAC	
Street Address 7643 Goodrich Square S		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 4 2 6 0 6	\$100.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Linda J. McNamara				Registration Number, if PAC	
Street Address 3966 Fairlington Dr		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 4 2 2 0 6	\$50.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Blaise Baker				Registration Number, if PAC	
Street Address 600 S. High St, Suite 201		Employer/Occupation/Labor Organization* Attorney At Law		M D Y	Amount
				0 4 2 1 0 6	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas A. Kurtz				Registration Number, if PAC	
Street Address 3658 Lakestone Circle		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 3 1 4 0 6	\$250.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard C. Pfeiffer, Jr.				Registration Number, if PAC	
Street Address 238 E. Royal Forest Blvd		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 4 2 2 0 6	\$150.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor John R. Gall				Registration Number, if PAC	
Street Address 825 Old Woods Road		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 4 2 3 0 6	\$250.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy E. Grady				Registration Number, if PAC	
Street Address 3660 Kennybrook Ln		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 4 3 0 0 6	\$100.00
City Columbus		State OH	Zip Code 43220	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 \$ 1,000.00