

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 Donald Geiner | | | | Registration Number, if PAC | |
| Street Address 196 Warren St | | Employer/Occupation/Labor Organization* | | M D Y 0 8 2 5 0 6 | Amount \$30.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Eric Kahn | | | | Registration Number, if PAC | |
| Street Address 4855 Vandorn Ct | | Employer/Occupation/Labor Organization* | | M D Y 0 8 2 5 0 6 | Amount \$250.00 |
| City Hilliard | | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Hunter, Carnahan, Shoub & Byard | | | | Registration Number, if PAC | |
| Street Address 3360 Tremont Rd, 2nd Floor | | Employer/Occupation/Labor Organization* | | M D Y 0 8 2 9 0 6 | Amount \$150.00 |
| City Columbus | | State OH | Zip Code 43221 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor J.S. & I.M. Overking | | | | Registration Number, if PAC | |
| Street Address 4689 Tatersall Ct | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 0 6 | Amount \$70.00 |
| City Columbus | | State OH | Zip Code 43230 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Jeffery Bennington | | | | Registration Number, if PAC | |
| Street Address 23000 Bolender Pontius Rd | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 0 6 | Amount \$25.00 |
| City Circleville | | State OH | Zip Code 43113 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor John W. Sowers | | | | Registration Number, if PAC | |
| Street Address 446 Stanley Ave | | Employer/Occupation/Labor Organization* | | M D Y 0 8 2 5 0 6 | Amount \$50.00 |
| City Columbus | | State OH | Zip Code 43206 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Kris Banvard & Paula Deming | | | | Registration Number, if PAC | |
| Street Address 6775 Alloway St W | | Employer/Occupation/Labor Organization* | | M D Y 0 8 2 5 0 6 | Amount \$35.00 |
| City Worthington | | State OH | Zip Code 43085 | 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 \$ 610.00