Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	9/28/06	
Page 3	0	

Name of Committee in Full			
McIntosh For Judge Commitee			
Full Name of Contributor		Registration Number, if PAC	
Cynthia L. Watiker			
Street Address 7191 Keystone Ranch Ct.	Employer/Occup	pation/Labor Organization*	M D Y Amount
City			0 9 0 7 0 6 \$500.00
Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check
Full Name of Contributor	011	10001	Registration Number, if PAC
D. Timothy Huey Attorney at Law			Registration Number, if PAC
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
2396 Wimbledon Rd.	2p.toyen occup	Janon Bassi Organization	0 9 2 9 0 6 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Upper Arlington	OH	43220	Check
Full Name of Contributor		'	Registration Number, if PAC
Deborah A. Nixon Hughes			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
3112 Leon Ave.	<u> </u>		0 9 1 4 0 6 \$100.00
City Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43219	Check
Elizabeth B. Dennis			Registration Number, if PAC
Street Address	F 1 10		
5336 Park Lane Drive	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 9 2 8 0 6 \$100.00
City	Sta te	Zip Code	0 9 2 8 0 6 \$100.00 Form (Cash, Check, etc.)
Columbus	OH,	43231	Check
Full Name of Contributor			Registration Number, if PAC
Eric J. Hoffman & Amy Almasanu Hoffma	ın		
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
2722 Bexley Park Rd.			0 9 2 9 0 6 \$200.00
City Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43203	Check
Eugene & Jaquline Jones			Registration Number, if PAC
Street Address	F1 10		
239 Springbrook Drive	Employer/Occupa	tion/Labor Organization*	0 9 2 9 0 6 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Check
Full Name of Contributor			Registration Number, if PAC
F. Edward & Elaine A. Sparks			
Greet Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
9980 Hyland Croy Rd.			0 9 2 8 0 6 \$100.00
City Plain City	Sta te	Zip Code	Form (Cash, Check, etc.)
i idili Oity	OH	43064	Check

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	
	1
\$0.00	ļ
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1	ı

Total expenditures this event.

\$0.00

Page Total \$

^{*} 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)]