

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 Theodore Scott				Registration Number, if PAC	
Street Address 1076 Maryland Drive N		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43224	0 8 2 9 0 6	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Thomas C. Tootle					
Street Address 5971 Hildenboro Dr		Employer/Occupation/Labor Organization*		M D Y	Amount
City Dublin		State OH	Zip Code 43017	0 8 2 5 0 6	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Thompson Hine Good Government Program					
Street Address 3900 Key Center, 127 Public Sq		Employer/Occupation/Labor Organization*		M D Y	Amount
City Cleveland		State OH	Zip Code 44114	0 8 0 2 0 6	\$500.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Timothy Gardner					
Street Address 1000 Urlin Ave #610		Employer/Occupation/Labor Organization*		M D Y	Amount
City Grandview		State OH	Zip Code 43212	0 8 2 5 0 6	\$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor William & Susan Wilkinson					
Street Address 1050 Isle Court		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43082	0 8 2 4 0 6	\$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Brett A. Warner					
Street Address 120 E. Kanawha Ave		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43214	0 8 2 5 0 6	\$30.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Cliff O'Neill					
Street Address 44 W. Russell St		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43215	0 8 2 5 0 6	\$30.00
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 \$ 1,045.00