

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 Susan K. Ford			Registration Number, if PAC		
Street Address 1869 Kirkbridge Ct.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43227	Amount \$50.00	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Terry A. Boyd PhD			Registration Number, if PAC		
Street Address 5646 Concord Hill Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State OH	Zip Code 43213	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thelma Lowellton			Registration Number, if PAC		
Street Address 2656 Mitzi Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 1
City Columbus	State OH	Zip Code 43209	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor V.L. Deisner			Registration Number, if PAC		
Street Address 1207 Grandview Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43212	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Warner M. Thomas			Registration Number, if PAC		
Street Address 140 E. Town St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor West-O-Pac, Weston Hurd, LLP			Registration Number, if PAC		
Street Address 1301 E. 9th St. Ste. 190	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Cleveland	State OH	Zip Code 44114	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Wiles, Boyle, Burkholder, & Bringardner			Registration Number, if PAC		
Street Address 300 Spruce St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$100.00	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 \$ **\$600.00**