



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee The Committee to Re-Elect Judge McIntosh				
Full Name of Contributor Loriann Fuhrer			Registration Number, if PAC	
Street Address 746 Newark Granville Rd.		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) Check
City Granville	State OH	Zip Code 43023	Date (MM/DD/YYYY) 07/24/2018	Amount \$100.00
Full Name of Contributor Joseph B. Stulberg			Registration Number, if PAC	
Street Address 250 Brodbelt Lane, Apt. 503		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/16/2018	Amount \$75.00
Full Name of Contributor Schottenstein Stores Corp PAC			Registration Number, if PAC	
Street Address 4300 E. 5th Ave.		Employer/Occupation/Labor Organization* PAC		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 10/16/2018	Amount \$100.00
Full Name of Contributor Robert Schwartz			Registration Number, if PAC	
Street Address 150 E. Gay Street, 24th Floor		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/19/2018	Amount \$100.00
Full Name of Contributor J. Benjamin Dolan			Registration Number, if PAC	
Street Address 150 East Gay Street, 24th Floor		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/19/2018	Amount \$100.00

*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)]

Page Total \$475.00