

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 James W. Young				Registration Number, if PAC	
Street Address 910 Bluff Ridge Dr		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43235	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address 1650 Lake Shore Drive, Ste 225		Employer/Occupation/Labor Organization* Collis, Smiles, & Collis, LLC		M 0	D 4
City Columbus		State OH	Zip Code 43204	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address 471 E. Broad St - 19th Floor		Employer/Occupation/Labor Organization* Gallagher, Gams, Pryor, T		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address 511 S. High St		Employer/Occupation/Labor Organization* Meeks Shamansky Politio		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address PO Box 20367		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43220	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address Frederick D. Benton, Jr.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address Kenneth Gamble		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43220	Y 2	Amount \$150.00
				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 \$ **\$1,750.00**