## Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 10/16/06	
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Prescribed by Secretary of State 03/0

Name of Committee in Full  McIntosh For Judge Committee			
Full Name of Contributor	Registration Number, if PAC		
Jody S. Underwood			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1421 Doten Ave			1 0 1 6 0 6 \$40.00
City Columbus	Sta te OH	Zip Code 43212	Form (Cash, Check, etc.)
Full Name of Contributor	ОП	43212	Check
John & Donna Wenzel			Registration Number, if PAC
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
7400 Avery Rd	Simpleyer/occup	Janoin Babon Organization	1 0 1 6 0 6 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	Check
Full Name of Contributor	Registration Number, if PAC		
Michael & Mary Zangerle			
Street Address 7657 Kestrel Way West	Employer/Occup	pation/Labor Organization*	M D Y Amount
City	Sta te	Zip Code	1 0 1 6 0 6 \$25.00
Dublin	OH	43017	Form (Cash, Check, etc.) Check
Full Name of Contributor	011	70011	Registration Number, if PAC
Robyn J. Hooks			Togostation Hamber, II The
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
355 N. Ardmore Rd			1 0 1 6 0 6 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Bexley Full Name of Contributor	OH	43209	Check
Sandra Stephenson			Registration Number, if PAC
Street Address 4110 Sunbury Rd	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 0 1 6 0 6 \$200.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Galena	OH	43021	Check
Full Name of Contributor Tena L. Wentz			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
7705 Kestral Way West			1 0 1 6 0 6 \$25.00
City Dublin	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH	43017	Check
Full Name of Contributor Williams F. Lee			Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
4110 Sunbury Rd			1 0 1 6 0 6 \$100.00
City Galena	Sta te	Zip Code 43021	Form (Cash, Check, etc.)
Required for contributions from individuals over \$1	OH		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

To	otal contributions this event	Total expenditures this ev	ent.
	\$680.00	\$0.00	

Page Total \$ \$490.00

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)]