

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

Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Re-Elect Judge McIntosh					
Full Name of Contributor R. William Meeks				Registration Number, if PAC	
Street Address 511 S. High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor John Johnson				Registration Number, if PAC	
Street Address 501 S. High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$400.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor David H. Thomas				Registration Number, if PAC	
Street Address 511 S. High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Rosemary Ebner Pomeroy				Registration Number, if PAC	
Street Address 200 E. Campus View Blvd., Suite 201		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43235	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Blaise Baker				Registration Number, if PAC	
Street Address 600 S. High Street, Suite 201		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Andrew Cecil				Registration Number, if PAC	
Street Address 495 S. High Street, Ste. 400		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$200.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey M. Lewis				Registration Number, if PAC	
Street Address 150 E. Mound Street, Suite 308		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$250.00
				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 \$ **\$1,950.00**