## eceived Event Date 7/6/06 Page 5

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

Prescribed by Secretary of State 03/05

| N CO 10 1 D H  |  | · · · · · · · · · · · · · · · · · · · |                                   |
|--|--|---------------------------------------|-----------------------------------|
| Name of Committee in Full McIntosh For Judge Committee |  |                                       |                                   |
| Full Name of Contributor                               |  |                                       | Registration Number, if PAC       |
| L. Ashworth, Inc.                                      |  |                                       |                                   |
| Street Address   | Employer/Occupation/Labor Organization*  |                                       | M D Y Amount 0 7 0 6 0 6 \$100.00 |
| PO Box 1293  |  |                                       | 0 1 0 0 0                         |
| City   | State  | Zip Code<br>43085                     | Form (Cash, Check, etc.) Check    |
| Worthington  | OH   | 43063                                 |                                   |
| Full Name of Contributor  Marguerite H. Turnbull       |  |                                       | Registration Number, if PAC       |
| Street Address   |  |                                       | M D Y Amount                      |
| 4590 Knightsbridge Blvd, Apt 301                       | Employer/Occupation/Labor Organization*  |                                       | 0 6 1 7 0 6 \$50.00               |
| City   | Sta te   | Zip Code                              | Form (Cash, Check, etc.)          |
| Columbus   | OH   | 43214                                 | Check                             |
| Full Name of Contributor Mark C. Collins Co., LPA      |  |                                       | Registration Number, if PAC       |
| Street Address   | Employer/Occupation/Labor Organization*  |                                       | M D Y Amount                      |
| 673 Mohawk St, Ste. 202                                |  |                                       | 0 7 0 6 0 6 \$150.00              |
| City   | Sta te   | Zip Code                              | Form (Cash, Check, etc.)          |
| Columbus   | OH   | 43206                                 | Check                             |
| Full Name of Contributor                               |  |                                       | Registration Number, if PAC       |
| Michael Winston  |  |                                       |                                   |
| Street Address   | Employer/Occupation/Labor Organization*  |                                       | M D Y Amount                      |
| Fifth Third Bank                                       |  |                                       | 0 7 1 9 0 6 \$50.00               |
| City   | Sta te   | Zip Code                              | Form (Cash, Check, etc.)          |
| Lexington  | KY   | 40507                                 | Check                             |
| Full Name of Contributor Nannette Reynolds             |  |                                       | Registration Number, if PAC       |
| Street Address<br>7671 Fenway Rd                       | Employer/Occupation/Labor Organization*  |                                       | 0 7 1 0 0 6 \$100.00              |
| City   | Sta te   | Zip Code                              | Form (Cash, Check, etc.)          |
| New Albany   | OH   | 43054                                 | Check                             |
| Full Name of Contributor Neil W. Rosenberg             |  |                                       | Registration Number, if PAC       |
| Street Address<br>400 S. 5th St, Ste 102               | Employer/Occupation/Labor Organization* Attorney At Law  |                                       | 0 6 2 3 0 6 \$100.00              |
| City   | State  | Zip Code                              | Form (Cash, Check, etc.)          |
| Columbus   | OH   | 43215                                 | Check                             |
| Full Name of Contributor Olivia Bethley Johnson        |  |                                       | Registration Number, if PAC       |
| Street Address   | Employer/Occup   | ation/Labor Organization*             | M D Y Amount                      |
| 2046 Willow Glen Lane                                  | and the state of t |                                       | 0 7 0 5 0 6 \$300.00              |
| City   | Sta te   | Zip Code                              | Form (Cash, Check, etc.)          |
| Columbus   | OH   | 43229                                 | 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

| Total contributions this event |
|--------------------------------|
|                                |
| \$0.00                         |
| Ψ0.00                          |

Total expenditures this event.

\$0.00

Page Total \$ \$850.00

<sup>\*</sup> 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)]