

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
06 DEC 12 AM 10:44
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee McIntosh For Judge Committee						Registration Number, if PAC										
Full Name of Candidate Stephen L. McIntosh																
Street Address 2168 Citygate Drive						Office Sought Judge, Court of Common Pleas			District Franklin County							
City Columbus						State OH		Zip Code 43219								
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year						
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual						
Amended Report?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Report Electronically Filed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Date of Election		1	M	1	0	D	7	0	Y	6

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

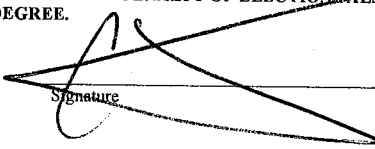
1. Amount brought forward from last report	\$	\$11,663	53
2. Total monetary contributions (From Form No. 31-A)	\$	\$8,985	00
3. Total other income (From Form No. 31-A-2)	\$	\$176	99
4. Total funds available (sum of lines 1, 2, 3)	\$	\$20,825	52
5. Total monetary expenditures (From Form No. 31-B)	\$	\$9,465	26
6. Balance on hand (line 4 minus line 5)	\$	\$11,360	26
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0	00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0	00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$19,414	70
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0	00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0	00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0	00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	\$0	00

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Carolyn Francis, Treasurer

12/13/06

Print Name and Title (Treasurer and Deputy Treasurer only)


Signature

Date

Contribution pages 13

Expenditure pages 1

Other pages 1

Total pages 15

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McIntosh For Judge Committee										
Full Name of Contributor Total Contributions from Form 31-E							Registration Number, if PAC			
Street Address 10/19/06 Fund-Raising Event				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash, Check			
City Columbus		State OH	Zip Code		M 1	D 0	Y 1	M 9	Y 0	Y 6
Amount \$2,260.00										
Full Name of Contributor Total Contributions from Form 31-E							Registration Number, if PAC			
Street Address 10/23/06 Fund-Raising Event				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code		M 1	D 0	Y 2	M 3	Y 0	Y 6
Amount \$6,725.00										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount		
OH										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount		
OH										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount		
OH										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount		
OH										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount		
OH										
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount		
OH										

* 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 **\$8,985.00**

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						
McIntosh For Judge Committee						
Full Name			Registration Number, if PAC			
Buckeye Printing & Mailing						
Address	Type*		M	D	Y	Amount
217 N. Grant Ave	RE		1	1	0	\$176.99
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43215	Check			
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					
Full Name			Registration Number, if PAC			
Address	Type*		M	D	Y	Amount
	RE					
City	State	Zip Code	Form (Cash, Check, etc.)			
	OH					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

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 Amy M. Livingston		Registration Number, if PAC	
Street Address PO Box 3792	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 1 9 0 6 \$40.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check
Full Name of Contributor Bertha Duran		Registration Number, if PAC	
Street Address 1777 Drayton Park Ct		Employer/Occupation/Labor Organization*	
City Columbus		State OH	Zip Code 43212
Full Name of Contributor Bill R. Hedrick, Esq.		Registration Number, if PAC	
Street Address 838 Thurber Drive W. A22		Employer/Occupation/Labor Organization*	
City Columbus		State OH	Zip Code 43215
Full Name of Contributor Bridget E. Carty		Registration Number, if PAC	
Street Address 6363 Morrissey Pl		Employer/Occupation/Labor Organization*	
City Dublin		State OH	Zip Code 43016
Full Name of Contributor Carol A. Wright		Registration Number, if PAC	
Street Address 318 Berger Alley		Employer/Occupation/Labor Organization*	
City Columbus		State OH	Zip Code 43206
Full Name of Contributor Christine & Jeffrey S. Furbee		Registration Number, if PAC	
Street Address 969 Woodhil Dr		Employer/Occupation/Labor Organization*	
City Columbus		State OH	Zip Code 43212
Full Name of Contributor Cynthia L. Seckerson		Registration Number, if PAC	
Street Address 4551 Huckleberry Ct		Employer/Occupation/Labor Organization*	
City Hilliard		State OH	Zip Code 43026

* 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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 290.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
McIntosh For Judge Committee							
Full Name of Contributor David Stebbins				Registration Number, if PAC			
Street Address 400 S. 5th Ave Ste. 202		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1906	\$40.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) Cash			
Full Name of Contributor Heidi Steinbrenner				Registration Number, if PAC			
Street Address 552 City Park Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1906	\$100.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) Cash			
Full Name of Contributor Jeffrey & Mary Caswell				Registration Number, if PAC			
Street Address 4720 Old Ravine Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1706	\$40.00
City Columbus	State OH	Zip Code 43220		Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeffrey Furbee				Registration Number, if PAC			
Street Address 969 Woodhill Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1906	\$10.00
City Columbus	State OH	Zip Code 43212		Form (Cash, Check, etc.) Cash			
Full Name of Contributor Jerry Allen				Registration Number, if PAC			
Street Address 3751 Prestwould		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1906	\$30.00
City New Albany	State OH	Zip Code 43054		Form (Cash, Check, etc.) Cash			
Full Name of Contributor Jo E. Kaiser				Registration Number, if PAC			
Street Address 2103 Scenic Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1906	\$35.00
City Lancaster	State OH	Zip Code 43130		Form (Cash, Check, etc.) Check			
Full Name of Contributor Jody Spurlock				Registration Number, if PAC			
Street Address 1611 Clifton Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1906	\$40.00
City Columbus	State OH	Zip Code 43203		Form (Cash, Check, etc.) Cash			

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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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 295.00

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 John P. Kennedy				Registration Number, if PAC	
Street Address 8249 Timber Mist Court		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$500.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark & Jennifer Gams					
Street Address 6542 Plesenton Dr. S				Registration Number, if PAC	
Street Address 6542 Plesenton Dr. S		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$40.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matthew A. Eldridge					
Street Address 233 S. High St Ste 300				Registration Number, if PAC	
Street Address 233 S. High St Ste 300		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$40.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melissa Johnson					
Street Address N/A				Registration Number, if PAC	
Street Address N/A		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$30.00
City N/A		State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Michael C. Allbritain					
Street Address 1866A Northwest Blvd				Registration Number, if PAC	
Street Address 1866A Northwest Blvd		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$40.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Shawn Dingus					
Street Address 213 Powhatan Ave				Registration Number, if PAC	
Street Address 213 Powhatan Ave		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michelle L. Cox					
Street Address 839 Gladden Rd				Registration Number, if PAC	
Street Address 839 Gladden Rd		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$40.00
City Grandview		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	

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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 \$ 740.00

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				
McIntosh For Judge Committee							
Myron & Karen Terlecky							
6332 Olsin Court			1	0	1	9	06
Dublin	OH	43016	Check			\$150.00	
Nancy K. Wonnell							
330 S. High St			1	0	1	9	06
Columbus	OH	43215	Check			\$50.00	
Rebecca Gooch, Esq.							
4878 Berry Leaf Pl			1	0	1	9	06
Hilliard	OH	43206	Check			\$40.00	
Richard A. Frye							
1669 Roxbury Rd			1	0	1	9	06
Upper Arlington	OH	43212	Check			\$80.00	
Robert & Kathy Levering							
3333 Parksley Ct			1	0	1	9	06
Columbus	OH	43204	Check			\$40.00	
Robert D. Head							
3280 Riverside Dr Ste 20			1	0	1	9	06
Columbus	OH	43221	Check			\$40.00	
Robert J. Behal							
2531 Brentwood Rd	Attorney At Law		1	0	1	9	06
Bexley	OH	43209	Check			\$200.00	

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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 \$ \$600.00

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 Roger Kock				Registration Number, if PAC	
Street Address 772 S. Front St		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$40.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Steve & Nicole Dunbar				Registration Number, if PAC	
Street Address 3165 Hines Rd		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$40.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Steven Mathless				Registration Number, if PAC	
Street Address 800 E. Broad St		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$75.00
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc.) Check	
Full Name of Contributor Teresa A. Daugherty				Registration Number, if PAC	
Street Address 539 Wrexham Ave		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$40.00
City Columbus		State OH	Zip Code 43223	Form (Cash, Check, etc.) Check	
Full Name of Contributor Teresa Slemmer				Registration Number, if PAC	
Street Address 2614 Clairmont Ct		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Tom or Kathy Lindsey				Registration Number, if PAC	
Street Address 4740 Strayer Dr		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$50.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Troy & Kristin Blevins				Registration Number, if PAC	
Street Address 2996 Granada Hills		Employer/Occupation/Labor Organization*		M D Y 1 0 1 9 0 6	Amount \$30.00
City Columbus		State OH	Zip Code 43231	Form (Cash, Check, etc.) Check	

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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

\$2,260.00

Total expenditures this event.

\$0.00

Page Total \$ \$375.00

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 Aletha M. Shipley				Registration Number, if PAC	
Street Address 388 Abbotsbury Dr		Employer/Occupation/Labor Organization*		M D Y	Amount
City Westerville		State OH	Zip Code 43082	1 0 2 6 0 6	\$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Alphonse P. Cincione					
Street Address 50 W. Broad St, Ste 2000				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43215	M D Y	Amount
				1 0 3 1 0 6	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Andrea G. Peeples					
Street Address 5596 Winsor Woods Dr				Registration Number, if PAC	
City Gahanna		State OH	Zip Code 43230	M D Y	Amount
				1 0 0 1 0 6	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Charles & Barbara Rudolph					
Street Address 112 Lauriston Place				Registration Number, if PAC	
City Pickerington		State OH	Zip Code 43147	M D Y	Amount
				1 0 2 2 0 6	\$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Collis, Smiles, & Collis, LLC					
Street Address 1650 Lake Shore Dr Ste 225				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43204	M D Y	Amount
				1 1 0 6 0 6	\$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Columbus Sheet Metal Workers					
Street Address 3035 Lamb Ave				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43219	M D Y	Amount
				1 0 2 3 0 6	\$300.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Committee To Elect W. Carlton Weddington					
Street Address 65 E. State St Ste 200				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43215	M D Y	Amount
				1 1 0 2 0 6	\$100.00
Form (Cash, Check, etc.) Check					

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Total contributions this event

\$0.00

Total expenditures this event

\$0.00

Page Total \$ **\$850.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
McIntosh For Judge Committee							
Full Name of Contributor Chester, Wilcox, & Saxbe				Registration Number, if PAC			
Street Address 65 E. State St Ste 1000		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2306	\$400.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Cynthia G. Francis				Registration Number, if PAC			
Street Address 3132 Retriever Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2706	\$50.00
City Columbus		State OH	Zip Code 43232	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dennis B. Ehrie & Janet Grubb				Registration Number, if PAC			
Street Address 4062 Georgesville Wrightsville Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2306	\$50.00
City Columbus		State OH	Zip Code 43123	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dennis E. & Joan M. Norris				Registration Number, if PAC			
Street Address 3027 Euclid Hts. Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0206	\$100.00
City Cleveland Heights		State OH	Zip Code 44118	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dr. William J. & Ruth B. Meyers				Registration Number, if PAC			
Street Address 2829 Wickliffe Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2306	\$100.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Eric & Kristine Robbins				Registration Number, if PAC			
Street Address 106 Bellefield Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2306	\$100.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) Check			
Full Name of Contributor Friends for Thomas				Registration Number, if PAC			
Street Address 41 S. High St Ste 2600		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2606	\$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			

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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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ **\$1,300.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
McIntosh For Judge Committee							
Full Name of Contributor Genesis Consulting Group			Employer/Occupation/Labor Organization*			Amount	
Street Address PO Box 236				M	D	Y	
City New Albany		State OH	Zip Code 43054	1	0	2	306
			Form (Cash, Check, etc.) Check				
Full Name of Contributor George or Joyce Mills				Registration Number, if PAC			
Street Address 2478 Stafford Pl			Employer/Occupation/Labor Organization*			Amount	
City Columbus		State OH	Zip Code 43209	M	D	Y	
				1	0	3	006
			Form (Cash, Check, etc.) Check				
Full Name of Contributor Hudson for Council				Registration Number, if PAC			
Street Address 3886 N. High St			Employer/Occupation/Labor Organization*			Amount	
City Columbus		State OH	Zip Code 43214	M	D	Y	
				1	0	1	806
			Form (Cash, Check, etc.) Check				
Full Name of Contributor Jacinto W. & Karen L. Beard				Registration Number, if PAC			
Street Address 234 Springbrook Dr			Employer/Occupation/Labor Organization*			Amount	
City Gahanna		State OH	Zip Code 43230	M	D	Y	
				1	0	3	006
			Form (Cash, Check, etc.) Check				
Full Name of Contributor James R. Clemens				Registration Number, if PAC			
Street Address 1933 Ronald Dr			Employer/Occupation/Labor Organization*			Amount	
City Columbus		State OH	Zip Code 43207	M	D	Y	
				1	0	2	006
			Form (Cash, Check, etc.) Check				
Full Name of Contributor Janet E. Jackson				Registration Number, if PAC			
Street Address 2865 Castlewood Rd			Employer/Occupation/Labor Organization*			Amount	
City Columbus		State OH	Zip Code 43209	M	D	Y	
				1	0	2	706
			Form (Cash, Check, etc.) Check				
Full Name of Contributor Jeffrey J. & Melanie C. Jurca				Registration Number, if PAC			
Street Address 458 Whitley Dr			Employer/Occupation/Labor Organization*			Amount	
City Gahanna		State OH	Zip Code 43230	M	D	Y	
				0	9	2	806
			Form (Cash, Check, etc.) Check				

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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 \$ **\$1,350.00**

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 Jeffrey M. & M. Michelle Lewis				Registration Number, if PAC	
Street Address 4314 Reed Rd		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43220	1 0 3 1 0 6	\$500.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jennifer Cordle & Jennifer Howell					
Street Address 298 Blenheim Rd		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43214	1 0 3 1 0 6	\$40.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jerry & Gayle Saunders					
Street Address 2788 Floribunda Dr		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43209	0 9 2 0 0 6	\$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor John D. Moore					
Street Address 7918 Slate Ridge Blvd		Employer/Occupation/Labor Organization*		M D Y	Amount
City Reynoldsburg		State OH	Zip Code 43068	1 0 2 7 0 6	\$325.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor John J. Mackinnon					
Street Address 501 S. High St		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43215	1 0 3 1 0 6	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor John Parm					
Street Address 6910 Cunningham Dr		Employer/Occupation/Labor Organization*		M D Y	Amount
City New Albany		State OH	Zip Code 43054	1 0 2 3 0 6	\$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Julia Fox					
Street Address 2616 Wexford Rd		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43221	1 0 2 3 0 6	\$500.00
Form (Cash, Check, etc.) Check					

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,565.00**

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 Karen Susan Days				Registration Number, if PAC	
Street Address 4330 Danforth Rd		Employer/Occupation/Labor Organization*		M D Y	Amount
City Columbus		State OH	Zip Code 43224	1 0 1 7 0 6	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Kent Garrett					
Street Address N/A				Registration Number, if PAC	
City N/A		Employer/Occupation/Labor Organization*		M D Y	Amount
State OH		Zip Code		1 0 2 3 0 6	\$50.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Law Offices of Robin Stith					
Street Address 135 E. Kossuth St				Registration Number, if PAC	
City Columbus		Employer/Occupation/Labor Organization*		M D Y	Amount
State OH		Zip Code 43206		1 1 0 5 0 6	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Marchelle E. Moore					
Street Address 7918 Slate Ridge Blvd				Registration Number, if PAC	
City Reynoldsburg		Employer/Occupation/Labor Organization*		M D Y	Amount
State OH		Zip Code 43068		1 0 2 6 0 6	\$75.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Olivia Bethley Johnson					
Street Address 2046 Willow Glen Lane				Registration Number, if PAC	
City Columbus		Employer/Occupation/Labor Organization*		M D Y	Amount
State OH		Zip Code 43229		1 0 2 3 0 6	\$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Othelda A. Spencer					
Street Address 434 E. Livingston Ave				Registration Number, if PAC	
City Columbus		Employer/Occupation/Labor Organization*		M D Y	Amount
State OH		Zip Code 43215		1 0 2 3 0 6	\$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Richanne Zymoski & Patrick Fleming					
Street Address 2128 Poplar St				Registration Number, if PAC	
City Columbus		Employer/Occupation/Labor Organization*		M D Y	Amount
State OH		Zip Code 43207		1 0 2 3 0 6	\$100.00
Form (Cash, Check, etc.) Check					

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$725.00**

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				Registration Number, if PAC			
Stanley & Regina Drzewiecki							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
5771 Wooden Plank Rd				1	1	0606	\$100.00
City	State	Zip Code		Form (Cash, Check, etc.)			
Hilliard	OH	43026		Check			
Full Name of Contributor				Registration Number, if PAC			
Susan K. Ford							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1869 Kirkbridge Ct				1	1	0306	\$35.00
City	State	Zip Code		Form (Cash, Check, etc.)			
Columbus	OH	43227		Check			
Full Name of Contributor				Registration Number, if PAC			
Thomas L. Fries							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
3400 Toni Dr				0	9	2906	\$200.00
City	State	Zip Code		Form (Cash, Check, etc.)			
Dublin	OH	43016		Check			
Full Name of Contributor				Registration Number, if PAC			
Timothy Fox							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2616 Wexford Rd				1	0	2306	\$500.00
City	State	Zip Code		Form (Cash, Check, etc.)			
Columbus	OH	43221		Check			
Full Name of Contributor				Registration Number, if PAC			
Vicki Lynn Jenkins							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1490 Slade Ave Apt 302				1	0	2806	\$100.00
City	State	Zip Code		Form (Cash, Check, etc.)			
Columbus	OH	43235		Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)			
	OH						
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)			
	OH						

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Total contributions this event

\$6,725.00

Total expenditures this event.

\$0.00

Page Total \$ 935.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
McIntosh For Judge Committee													
To Whom Paid							M	D	Y	Amount			
Second Baptist Church							0	9	2	5	0	6	\$250.00
Address				Purpose									
186 N. 17th St				Ad in 170th Anniversary Booklet									
City		State		Zip Code		Check Number							
Columbus		OH		43203		1065							
To Whom Paid							M	D	Y	Amount			
Canal Winchester Labor Day Parade							0	8	3	1	0	6	\$45.00
Address				Purpose									
10 N. High St				Labor Day Parade									
City		State		Zip Code		Check Number							
Canal Winchester		OH		43110		1082							
To Whom Paid							M	D	Y	Amount			
Graphic T's Inc.							0	9	2	5	0	6	\$496.39
Address				Purpose									
532 Main St				Invoice #24248									
City		State		Zip Code		Check Number							
Columbus		OH		43125		1086							
To Whom Paid							M	D	Y	Amount			
Clear Channel Columbus							0	9	2	5	0	6	\$5,070.00
Address				Purpose									
2323 W. 5th Ave				Invoice #42009592									
City		State		Zip Code		Check Number							
Columbus		OH		43204		1087							
To Whom Paid							M	D	Y	Amount			
Brainstorm Media Inc.							1	0	1	8	0	6	\$3,522.75
Address				Purpose									
1020 Goodale Blvd				Invoice #4525									
City		State		Zip Code		Check Number							
Columbus		OH		43212		1088							
To Whom Paid							M	D	Y	Amount			
Taft, Stettinius & Hollister Llp							1	0	1	8	0	6	\$81.12
Address				Purpose									
21 E. State St, 12th Floor				Postage									
City		State		Zip Code		Check Number							
Columbus		OH		43215		1090							
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
		OH											
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City		State		Zip Code		Check Number							
		OH											