

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

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 checked="" type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input 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	\$	\$1,075.98
2. Total monetary contributions (From Form No. 31-A)	\$	\$10,335.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$11,410.98
5. Total monetary expenditures (From Form No. 31-B)	\$	\$4,257.50
6. Balance on hand (line 4 minus line 5)	\$	\$7,153.48
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)	\$	\$17,414.70
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-D)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

06 JUN -9 AM 9:32
 FILED
 FRANKLIN COUNTY
 BOARD OF ELECTIONS

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

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

06/08/06

Date

Contribution pages 16

Expenditure pages 1

Other pages 6

Total pages 23

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 D Y 0 4 2 8 0 6	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check
Full Name of Contributor		Registration Number, if PAC	
Street Address 1650 Lake Shore Drive, Ste 225		Employer/Occupation/Labor Organization* Collis, Smiles, & Collis, LLC	
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check
Full Name of Contributor		Registration Number, if PAC	
Street Address 471 E. Broad St - 19th Floor		Employer/Occupation/Labor Organization* Gallagher, Gams, Pryor, T	
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor		Registration Number, if PAC	
Street Address 511 S. High St		Employer/Occupation/Labor Organization* Meeks Shamansky Politio	
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor		Registration Number, if PAC	
Street Address PO Box 20367		Employer/Occupation/Labor Organization*	
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check
Full Name of Contributor		Registration Number, if PAC	
Street Address 786 S. Front St, Ste 204		Employer/Occupation/Labor Organization* A Legal Professional Assn.	
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor		Registration Number, if PAC	
Street Address 4645 Kingston Ct		Employer/Occupation/Labor Organization*	
City Columbus	State OH	Zip Code 43220	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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 1,750.00

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	
Janet E. Jackson			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2865 Castlewood Rd		0 4 26 06	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor		Registration Number, if PAC	
Kenneth E. Harris			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
978 Vernon Rd		0 4 26 06	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor		Registration Number, if PAC	
Ivery D. Foreman			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
7274 Coventry Woods Dr		0 4 26 06	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	Check
Full Name of Contributor		Registration Number, if PAC	
G. Gary Tyack			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
947 Clubview Blvd N		0 4 26 06	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43235	Check
Full Name of Contributor		Registration Number, if PAC	
Donald J. McTigue			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3886 N. High St		0 4 26 06	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	Check
Full Name of Contributor		Registration Number, if PAC	
Ted Barrows			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4834 Sarasota Dr		0 4 26 06	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Check
Full Name of Contributor		Registration Number, if PAC	
G. Wayne West			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
119 Amazon Pl		0 4 26 06	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	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 \$ **\$1,600.00**

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 James D. Abrams				Registration Number, if PAC			
Street Address 7643 Goodrich Square S		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	26	\$100.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check			
Full Name of Contributor Linda J. McNamara				Registration Number, if PAC			
Street Address 3966 Fairlington Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	22	\$50.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor Blaise Baker				Registration Number, if PAC			
Street Address 600 S. High St, Suite 201		Employer/Occupation/Labor Organization* Attorney At Law		M	D	Y	Amount
				0	4	21	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Thomas A. Kurtz				Registration Number, if PAC			
Street Address 3658 Lakestone Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	14	\$250.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Richard C. Pfeiffer, Jr.				Registration Number, if PAC			
Street Address 238 E. Royal Forest Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	22	\$150.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check			
Full Name of Contributor John R. Gall				Registration Number, if PAC			
Street Address 825 Old Woods Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	23	\$250.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Timothy E. Grady				Registration Number, if PAC			
Street Address 3660 Kennybrook Ln		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	30	\$100.00
City Columbus		State OH	Zip Code 43220	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 \$ **\$1,000.00**

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 Elizabeth J. Watters				Registration Number, if PAC	
Street Address 1263 Broadview Ave		Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 0 6	Amount \$500.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Fred D. McCoy				Registration Number, if PAC	
Street Address 2891 Landon Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Lynn Caswell				Registration Number, if PAC	
Street Address 4720 Old Ravine Ct		Employer/Occupation/Labor Organization*		M D Y 0 5 0 7 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Gary Palmer				Registration Number, if PAC	
Street Address 185 Rustic Place		Employer/Occupation/Labor Organization*		M D Y 0 5 0 6 0 6	Amount \$1,000.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

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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

\$6,000.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,650.00**

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		
Otto Beatty III					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
600 S. Grant Ave			0	5	1
City	State	Zip Code	1	0	6
Columbus	OH	43206	Amount		
			\$100.00		
Form (Cash, Check, etc.)					
Check					
Full Name of Contributor					
Stephen S. Francis, Atty.					
Street Address			Employer/Occupation/Labor Organization*		
6345 Cragie Hill Court					
City	State	Zip Code	M	D	Y
Dublin	OH	43017	0	5	1
			1	0	6
			Amount		
			\$150.00		
Form (Cash, Check, etc.)					
Check					
Full Name of Contributor					
Dr. Janet E. Kearney					
Street Address			Employer/Occupation/Labor Organization*		
520 Whitson Dr					
City	State	Zip Code	M	D	Y
Gahanna	OH	43230	0	5	1
			1	0	6
			Amount		
			\$75.00		
Form (Cash, Check, etc.)					
Check					
Full Name of Contributor					
Michael E. Pettiford					
Street Address			Employer/Occupation/Labor Organization*		
7858 Burnwood St					
City	State	Zip Code	M	D	Y
Dublin	OH	43016	0	5	1
			1	0	6
			Amount		
			\$75.00		
Form (Cash, Check, etc.)					
Check					
Full Name of Contributor					
Christine Sowell					
Street Address			Employer/Occupation/Labor Organization*		
4702 Collingville Way					
City	State	Zip Code	M	D	Y
Columbus	OH	43230	0	5	1
			2	0	6
			Amount		
			\$100.00		
Form (Cash, Check, etc.)					
Check					
Full Name of Contributor					
James A. Scott, Jr.					
Street Address			Employer/Occupation/Labor Organization*		
3808 Cider Mill Dr					
City	State	Zip Code	M	D	Y
Columbus	OH	43204	0	5	1
			1	0	6
			Amount		
			\$75.00		
Form (Cash, Check, etc.)					
Check					
Full Name of Contributor					
Matthew A. Eldridge					
Street Address			Employer/Occupation/Labor Organization*		
233 S. High St, Suite 300					
City	State	Zip Code	M	D	Y
Columbus	OH	43215	0	5	1
			1	0	6
			Amount		
			\$75.00		
Form (Cash, Check, etc.)					
Check					

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Fill in the boxes below only on the last page for this event.

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 650.00

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 Rev. Howard T. Washington				Registration Number, if PAC	
Street Address 371 Grand Circuit Blvd		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 1 1 0 6	\$75.00
City Delaware		State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carla L. Bailey					
Full Name of Contributor Carla L. Bailey				Registration Number, if PAC	
Street Address 351 Chilton Place		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 1 1 0 6	\$75.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah Sanders					
Full Name of Contributor Deborah Sanders				Registration Number, if PAC	
Street Address 641 Indian Mound Rd		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 1 1 0 6	\$75.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard A. Frye					
Full Name of Contributor Richard A. Frye				Registration Number, if PAC	
Street Address 1669 Roxbury Rd		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 1 1 0 6	\$300.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor John B. Williams					
Full Name of Contributor John B. Williams				Registration Number, if PAC	
Street Address 2393 Village at Bexley Dr		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 1 1 0 6	\$50.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dino M. Herbert					
Full Name of Contributor Dino M. Herbert				Registration Number, if PAC	
Street Address 5764 Clearfield Lane		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 1 1 0 6	\$75.00
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nancy V. Polite					
Full Name of Contributor Nancy V. Polite				Registration Number, if PAC	
Street Address 984 Poppy Hills Dr		Employer/Occupation/Labor Organization*		M D Y	Amount
				0 5 1 1 0 6	\$100.00
City Blacklick		State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	

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Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 750.00

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 Eugene Jones				Registration Number, if PAC	
Street Address 239 Springbrook Pl		Employer/Occupation/Labor Organization*		M D Y	Amount
City Gahanna		State OH	Zip Code 43230	0 5 1 1 0 6	\$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address 348 Kendall Pl				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43205	M D Y	Amount
				0 5 1 1 0 6	\$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address 1465 Devonhill Ct				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43229	M D Y	Amount
				0 5 1 2 0 6	\$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address 979 Wellington Blvd				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43219	M D Y	Amount
				0 5 1 1 0 6	\$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address 1824 E. Rich St				Registration Number, if PAC	
City Columbus		State OH	Zip Code 43205	M D Y	Amount
				0 5 1 4 0 6	\$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address 532 Springwood Lake Dr				Registration Number, if PAC	
City Gahanna		State OH	Zip Code 43230	M D Y	Amount
				0 5 1 4 0 6	\$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address 6345 Cragie Hill Ct				Registration Number, if PAC	
City Dublin		State OH	Zip Code 43017	M D Y	Amount
				0 5 1 1 0 6	\$50.00
				Form (Cash, Check, etc.) Check	

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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		Registration Number, if PAC	
John M. Gore			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
183 Farmwood Pl		0 5 1 2 0 6	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Check
Full Name of Contributor		Registration Number, if PAC	
Todd Corley			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4006 Whispering Creek Ln		0 5 1 4 0 6	\$75.00
City	State	Zip Code	Form (Cash, Check, etc.)
Delaware	OH	43015	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		
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		
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

\$2,175.00

Total expenditures this event.

\$0.00

Page Total \$ \$175.00

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 J.S. Overking			Registration Number, if PAC				
Street Address 4689 Tatersall Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	18	\$30.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor I.M. Overking							
Street Address 4689 Tatersall Ct			Registration Number, if PAC				
Street Address 4689 Tatersall Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	18	\$35.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ian Overking							
Street Address 4689 Tatersall Ct			Registration Number, if PAC				
Street Address 4689 Tatersall Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	18	\$35.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Abigail Harding							
Street Address 265 McCoy Ave			Registration Number, if PAC				
Street Address 265 McCoy Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	22	\$100.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check			
Full Name of Contributor Anne M. Murray							
Street Address 1594 Cambridge Blvd			Registration Number, if PAC				
Street Address 1594 Cambridge Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	27	\$20.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor Anne M. Murray							
Street Address 1594 Cambridge Blvd			Registration Number, if PAC				
Street Address 1594 Cambridge Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	18	\$50.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor Deana J. Rybak							
Street Address 370 S. Fifth St, Apt 601			Registration Number, if PAC				
Street Address 370 S. Fifth St, Apt 601		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	24	\$10.00
City Columbus		State OH	Zip Code 43215	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 \$ <u>280.00</u>

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 Stephen J. Steinberg				Registration Number, if PAC			
Street Address 2389 Waterpointe Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	2	\$50.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor William Anthony Sperlazza							
Street Address 3131 Arlingtown Ln				Registration Number, if PAC			
Street Address 3131 Arlingtown Ln		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$35.00
City Upper Arlington		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Danielle N. Thornsberry							
Street Address 4759 Crazy Horse Ln				Registration Number, if PAC			
Street Address 4759 Crazy Horse Ln		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$35.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) Check			
Full Name of Contributor Berlis Thornsberry							
Street Address 804 Celine Ct				Registration Number, if PAC			
Street Address 804 Celine Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$35.00
City West Jefferson		State OH	Zip Code 43162	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mitchell A. Williams							
Street Address 35 Hully Aly				Registration Number, if PAC			
Street Address 35 Hully Aly		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$35.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Adam Beane							
Street Address 4177 Appleleaf Dr				Registration Number, if PAC			
Street Address 4177 Appleleaf Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$35.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor Melvin J. Davis							
Street Address 3746 Soft Wind Dr				Registration Number, if PAC			
Street Address 3746 Soft Wind Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	\$35.00
City Columbus		State OH	Zip Code 43232	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 \$ 260.00

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			
Westley M. Phillips							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1742 Brookfield Sq S				0	5	1806	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43229	Check			
Full Name of Contributor				Registration Number, if PAC			
Dave W. Coleman							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1965 Waterbrook Ln				0	5	1806	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43209	Check			
Full Name of Contributor				Registration Number, if PAC			
Kristin E. Blevins							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2996 Granada Hills				0	5	1806	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43231	Check			
Full Name of Contributor				Registration Number, if PAC			
Joshua T. Cox							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
60 Sheffield Rd				0	5	1806	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43214	Check			
Full Name of Contributor				Registration Number, if PAC			
Timothy J. Mangan							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
873 Falkirk Ct				0	5	1806	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Pickerington		OH	43147	Check			
Full Name of Contributor				Registration Number, if PAC			
Tyler Wilcox							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5745 Tamarack Blvd, Unit C				0	5	1906	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43229	Check			
Full Name of Contributor				Registration Number, if PAC			
Andrea G. Peeples							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5596 Winsor Woods Dr				0	5	1806	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Gahanna		OH	43230	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 \$ 260.00

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 Steve C. Dunbar			Registration Number, if PAC		
Street Address 3165 Hines Rd		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$35.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Steve C. Dunbar			Registration Number, if PAC		
Street Address 3165 Hines Rd		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$15.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Richard W. Figley			Registration Number, if PAC		
Street Address 2353 Hardesty Ct		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$35.00
City Columbus		State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lara Baker			Registration Number, if PAC		
Street Address 165 Halligan Ave		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$50.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lara Baker			Registration Number, if PAC		
Street Address 165 Halligan Ave		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$15.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Joye E. Saunders			Registration Number, if PAC		
Street Address 3596 Bremen St		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$30.00
City Columbus		State OH	Zip Code 43224	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joye E. Saunders			Registration Number, if PAC		
Street Address 3596 Bremen St		Employer/Occupation/Labor Organization*		M D Y 0 5 18 0 6	Amount \$70.00
City Columbus		State OH	Zip Code 43224	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 \$ 250.00

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 Michael C. Allbritain				Registration Number, if PAC	
Street Address 1866A Northwest Blvd		Employer/Occupation/Labor Organization*		M D Y 0 5 18 06	Amount \$50.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michelle L. Cox					
Street Address 839 Gladden Rd		Employer/Occupation/Labor Organization*		M D Y 0 5 18 06	Amount \$35.00
City Grandview Heights		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andrew T. Kielczewski					
Street Address 6045 E. Benalex Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 17 06	Amount \$35.00
City Toledo		State OH	Zip Code 43612	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andrew T. Kielczewski					
Street Address 6045 E. Benalex Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 18 06	Amount \$15.00
City Toledo		State OH	Zip Code 43612	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Tannisha D. Bell					
Street Address 617 Worthington Forest Pl		Employer/Occupation/Labor Organization*		M D Y 0 5 18 06	Amount \$35.00
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melanie Tobais					
Street Address 4427 Wooded Nook Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 18 06	Amount \$35.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melanie Tobais					
Street Address 4427 Wooded Nook Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 18 06	Amount \$30.00
City New Albany		State OH	Zip Code 43054	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$235.00**

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		
Angela Radney						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
7776 Cheriton Cir				0	5	1806
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Reynoldsburg		OH	43068	Check		\$35.00
Full Name of Contributor				Registration Number, if PAC		
David Peterson						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
4551 Huckleberry Ct				0	5	1806
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Hilliard		OH	43026	Check		\$50.00
Full Name of Contributor				Registration Number, if PAC		
Frank T. Gill						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
4204 Lawnview Dr				0	5	1806
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Columbus		OH	43214	Check		\$35.00
Full Name of Contributor				Registration Number, if PAC		
Mark Kafantaris						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
709 S. 3rd St				0	5	1806
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Columbus		OH	43206	Check		\$35.00
Full Name of Contributor				Registration Number, if PAC		
W.S. Kane						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
6283 Parkmeadow Ln				0	5	1806
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Hilliard		OH	43026	Check		\$35.00
Full Name of Contributor				Registration Number, if PAC		
Cynthia Seckerson						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
4551 Huckleberry Ct				0	5	1806
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Hilliard		OH	43026	Check		\$50.00
Full Name of Contributor				Registration Number, if PAC		
Robert Levering						
Street Address		Employer/Occupation/Labor Organization*		M	D	Y
3333 Parksley Ct				0	5	1806
City		State	Zip Code	Form (Cash, Check, etc.)		Amount
Columbus		OH	43204	Check		\$35.00

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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 \$ **\$275.00**

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 Brandy Gates			Registration Number, if PAC				
Street Address 4435 Touchton Rd E, Apt 125		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	18	\$70.00
City Jacksonville		State FL	Zip Code 32246	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael H. Wander			Registration Number, if PAC				
Street Address 6631 Collingwood Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	18	\$35.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jacqueline L. Keller			Registration Number, if PAC				
Street Address 107 Woods Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	18	\$30.00
City Pataskala		State OH	Zip Code 43062	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jacqueline L. Keller			Registration Number, if PAC				
Street Address 107 Woods way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	18	\$35.00
City Pataskala		State OH	Zip Code 43062	Form (Cash, Check, etc.) Check			
Full Name of Contributor Thomas E. Friedman			Registration Number, if PAC				
Street Address 502 S. Third St		Employer/Occupation/Labor Organization* Attorney At Law		M	D	Y	Amount
				0	5	22	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Charles William McGowan			Registration Number, if PAC				
Street Address 601 S. High St		Employer/Occupation/Labor Organization* Attorney At Law		M	D	Y	Amount
				0	5	18	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Deborah Frye			Registration Number, if PAC				
Street Address 1169 Dublin Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	11	\$35.00
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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 355.00

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 Matt Kanai				Registration Number, if PAC	
Street Address 5900 Saucony Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 1 8 0 6	Amount \$50.00
City Hilliard		State OH	Zip Code 43026		Form (Cash, Check, etc.) Cash
Full Name of Contributor Jeff Furbee				Registration Number, if PAC	
Street Address 969 Woodhill Dr		Employer/Occupation/Labor Organization*		M D Y 0 5 1 8 0 6	Amount \$35.00
City Columbus		State OH	Zip Code 43212		Form (Cash, Check, etc.) Cash
Full Name of Contributor Bill Truax				Registration Number, if PAC	
Street Address 171 E. Livingston Ave		Employer/Occupation/Labor Organization*		M D Y 0 5 1 8 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43215		Form (Cash, Check, etc.) Cash
Full Name of Contributor Natalie Harris				Registration Number, if PAC	
Street Address 1620 E. Broad St #1702		Employer/Occupation/Labor Organization*		M D Y 0 5 1 8 0 6	Amount \$35.00
City Columbus		State OH	Zip Code 43203		Form (Cash, Check, etc.) Cash
Full Name of Contributor Pete Scranton				Registration Number, if PAC	
Street Address 729 S. 6th St		Employer/Occupation/Labor Organization*		M D Y 0 5 1 8 0 6	Amount \$25.00
City Columbus		State OH	Zip Code 43206		Form (Cash, Check, etc.) Cash
Full Name of Contributor Paul Khoury				Registration Number, if PAC	
Street Address 704 Neil Ave		Employer/Occupation/Labor Organization*		M D Y 0 5 1 8 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43215		Form (Cash, Check, etc.) Cash
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code		Form (Cash, Check, etc.)

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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

\$2,160.00

Total expenditures this event.

\$0.00

Page Total \$ **\$245.00**

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			
JPMorgan Chase Bank							0	2	2	8	0	6	\$14.00
Address				Purpose									
PO Box 260180				Bank Fee									
City		State		Zip Code		Check Number							
Baton Rouge		LA		70826		N/A							
To Whom Paid							M	D	Y	Amount			
United States Postal Service							0	4	1	0	0	6	\$312.00
Address				Purpose									
850 Twin Rivers Drive				800 stamps									
City		State		Zip Code		Check Number							
Columbus		OH		43216		1061							
To Whom Paid							M	D	Y	Amount			
JPMorgan Chase Bank							0	4	2	8	0	6	\$14.00
Address				Purpose									
PO Box 260180				Bank Fee									
City		State		Zip Code		Check Number							
Baton Rouge		LA		70826		N/A							
To Whom Paid							M	D	Y	Amount			
John P. Curp							0	5	1	0	0	6	\$387.20
Address				Purpose									
21 E. State Street				Fund Raiser Expenses									
City		State		Zip Code		Check Number							
Columbus		OH		43215		1062							
To Whom Paid							M	D	Y	Amount			
Buckeye Printing & Mailing Solutions							0	5	1	4	0	6	\$1,705.87
Address				Purpose									
217 N. Grant Avenue				Invoice #2923									
City		State		Zip Code		Check Number							
Columbus		OH		43215		1063							
To Whom Paid							M	D	Y	Amount			
Buckeye Printing & Mailing Solutions							0	5	2	3	0	6	\$217.00
Address				Purpose									
217 N. Grant Avenue				Invoice #2784 - Logo Design									
City		State		Zip Code		Check Number							
Columbus		OH		43215		1064							
To Whom Paid							M	D	Y	Amount			
Buckeye Printing & Mailing Solutions							0	5	1	4	0	6	\$1,572.43
Address				Purpose									
217 N. Grant Avenue				Invoice #2924									
City		State		Zip Code		Check Number							
Columbus		OH		43215		1066							
To Whom Paid							M	D	Y	Amount			
JPMorgan Chase Bank							0	5	3	1	0	6	\$35.00
Address				Purpose									
PO Box 260180				Deposit Error Correction Decrease									
City		State		Zip Code		Check Number							
Baton Rouge		LA		70826		N/A							