

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 type="checkbox"/> | Post-Primary | <input checked="" 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 | D | 0 | 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 | \$ | \$9,083.48 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | \$34,700.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | \$2,000.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | \$45,783.48 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | \$34,119.95 |
| 6. Balance on hand (line 4 minus line 5) | \$ | \$11,663.53 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | \$115.11 |
| 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 |

FRANKLIN CO.
 BOARD OF ELECTIONS
 COLUMBUS, OHIO
 001428

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

10/18/06

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 46

Expenditure pages 3

Other pages 2

Total pages 51

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 7/6/06 Fund-Raising Event | | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Cash, Check | |
| City Columbus | | State OH | Zip Code | M 0 | D 7 | Y 06 |
| | | | | | Amount \$7,445.00 | |
| Full Name of Contributor Total Contributions from Form 31-E | | | | | Registration Number, if PAC | |
| Street Address 8/2/06 Fund-Raising Event | | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Cash, Check | |
| City Columbus | | State OH | Zip Code | M 0 | D 8 | Y 06 |
| | | | | | Amount \$7,090.00 | |
| Full Name of Contributor Total Contributions from Form 31-E | | | | | Registration Number, if PAC | |
| Street Address 8/25/06 Fund-Raising Event | | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Cash, Check | |
| City Columbus | | State OH | Zip Code | M 0 | D 8 | Y 06 |
| | | | | | Amount \$3,155.00 | |
| Full Name of Contributor Total Contributions from Form 31-E | | | | | Registration Number, if PAC | |
| Street Address 9/22/06 Fund-Raising Event | | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Cash, Check | |
| City Columbus | | State OH | Zip Code | M 0 | D 9 | Y 06 |
| | | | | | Amount \$4,480.00 | |
| Full Name of Contributor Total Contributions from Form 31-E | | | | | Registration Number, if PAC | |
| Street Address 9/28/06 Fund-Raising Event | | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Cash, Check | |
| City Columbus | | State OH | Zip Code | M 0 | D 9 | Y 06 |
| | | | | | Amount \$9,440.00 | |
| Full Name of Contributor Total Contributions from Form 31-E | | | | | Registration Number, if PAC | |
| Street Address 10/13/06 Fund-Raising Event | | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Cash, Check | |
| City Columbus | | State OH | Zip Code | M 1 | D 0 | Y 06 |
| | | | | | Amount \$2,410.00 | |
| Full Name of Contributor Total Contributions from Form 31-E | | | | | Registration Number, if PAC | |
| Street Address 10/16/06 Fund-Raising Event | | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Cash, Check | |
| City Columbus | | State OH | Zip Code | M 1 | D 0 | Y 06 |
| | | | | | Amount \$680.00 | |
| 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 | | | | |

* 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)]

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 Alison L. Smith | | | Registration Number, if PAC | | | | |
| Street Address 929 Harrison Ave, Suite 300 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 6 | 1 | 6 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | | | |
| Bricker & Eckler LLP | | | | | | | |
| Full Name of Contributor Bricker & Eckler LLP | | | Registration Number, if PAC | | | | |
| Street Address 100 S. Third St | | Employer/Occupation/Labor Organization* State Political Action Committee | | M | D | Y | Amount |
| | | | | 0 | 6 | 2 | 8 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | | | |
| Christopher Cooper, Esq. | | | | | | | |
| Full Name of Contributor Christopher Cooper, Esq. | | | Registration Number, if PAC | | | | |
| Street Address 286 Marjoram Dr | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 7 | 0 | 6 |
| City Gahanna | | State OH | Zip Code 43230 | Form (Cash, Check, etc.) Check | | | |
| Dennis O. Kaps | | | | | | | |
| Full Name of Contributor Dennis O. Kaps | | | Registration Number, if PAC | | | | |
| Street Address 191 Oakland Park Ave | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 7 | 0 | 1 |
| City Columbus | | State OH | Zip Code 43214 | Form (Cash, Check, etc.) Check | | | |
| Frederick D. Benton, Jr. | | | | | | | |
| Full Name of Contributor Frederick D. Benton, Jr. | | | Registration Number, if PAC | | | | |
| Street Address 786 S. Front St | | Employer/Occupation/Labor Organization* A Legal Professional Assn. | | M | D | Y | Amount |
| | | | | 0 | 7 | 0 | 6 |
| City Columbus | | State OH | Zip Code 43206 | Form (Cash, Check, etc.) Check | | | |
| Gregg R. Lewis | | | | | | | |
| Full Name of Contributor Gregg R. Lewis | | | Registration Number, if PAC | | | | |
| Street Address 625 City Park | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 7 | 1 | 7 |
| City Columbus | | State OH | Zip Code 43206 | Form (Cash, Check, etc.) Check | | | |
| Isaac, Brant, Ledman & Teetor LLP | | | | | | | |
| Full Name of Contributor Isaac, Brant, Ledman & Teetor LLP | | | Registration Number, if PAC | | | | |
| Street Address 250 E. Broad St | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 6 | 3 | 0 |
| 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 \$ **\$1,950.00**

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 Jeanine Hummer | | | | Registration Number, if PAC | |
| Street Address 1795 Edgemont Rd | | Employer/Occupation/Labor Organization* | | M D Y 0 7 0 7 0 6 | Amount \$25.00 |
| City Columbus | State OH | Zip Code 43212 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Joanne Aubrey | | | | | |
| Full Name of Contributor Joanne Aubrey | | | | Registration Number, if PAC | |
| Street Address 221 S. Roosevelt | | Employer/Occupation/Labor Organization* | | M D Y 0 7 0 6 0 6 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43209 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor John C. Hartranft | | | | | |
| Full Name of Contributor John C. Hartranft | | | | Registration Number, if PAC | |
| Street Address 4350 Braunton Rd | | Employer/Occupation/Labor Organization* | | M D Y 0 6 2 2 0 6 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43220 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor John H. Bates, Esq. | | | | | |
| Full Name of Contributor John H. Bates, Esq. | | | | Registration Number, if PAC | |
| Street Address 495 S. High St, Ste. 400 | | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 7 0 6 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43215 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Julia L. Dorrian | | | | | |
| Full Name of Contributor Julia L. Dorrian | | | | Registration Number, if PAC | |
| Street Address 130 Northridge Rd | | Employer/Occupation/Labor Organization* | | M D Y 0 6 2 5 0 6 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43214 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor K. A. Manoranjan | | | | | |
| Full Name of Contributor K. A. Manoranjan | | | | Registration Number, if PAC | |
| Street Address 344 Cramer Creek Court | | Employer/Occupation/Labor Organization* | | M D Y 0 6 3 0 0 6 | Amount \$250.00 |
| City Dublin | State OH | Zip Code 43017 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Kenneth Gamble | | | | | |
| Full Name of Contributor Kenneth Gamble | | | | Registration Number, if PAC | |
| Street Address 4645 Kingston Ct | | Employer/Occupation/Labor Organization* | | M D Y 0 7 1 8 0 6 | Amount \$100.00 |
| 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 \$ 775.00

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 L. Ashworth, Inc. | | | | Registration Number, if PAC | |
| Street Address PO Box 1293 | | Employer/Occupation/Labor Organization* | | M D Y 0 7 0 6 0 6 | Amount \$100.00 |
| City Worthington | | State OH | Zip Code 43085 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Marguerite H. Turnbull | | | | Registration Number, if PAC | |
| Street Address 4590 Knightsbridge Blvd, Apt 301 | | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 7 0 6 | Amount \$50.00 |
| City Columbus | | State OH | Zip Code 43214 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Mark C. Collins Co., LPA | | | | Registration Number, if PAC | |
| Street Address 673 Mohawk St, Ste. 202 | | Employer/Occupation/Labor Organization* | | M D Y 0 7 0 6 0 6 | Amount \$150.00 |
| City Columbus | | State OH | Zip Code 43206 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Michael Winston | | | | Registration Number, if PAC | |
| Street Address Fifth Third Bank | | Employer/Occupation/Labor Organization* | | M D Y 0 7 1 9 0 6 | Amount \$50.00 |
| City Lexington | | State KY | Zip Code 40507 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Nannette Reynolds | | | | Registration Number, if PAC | |
| Street Address 7671 Fenway Rd | | Employer/Occupation/Labor Organization* | | M D Y 0 7 1 0 0 6 | Amount \$100.00 |
| City New Albany | | State OH | Zip Code 43054 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Neil W. Rosenberg | | | | Registration Number, if PAC | |
| Street Address 400 S. 5th St, Ste 102 | | Employer/Occupation/Labor Organization* Attorney At Law | | M D Y 0 6 2 3 0 6 | Amount \$100.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Olivia Bethley Johnson | | | | Registration Number, if PAC | |
| Street Address 2046 Willow Glen Lane | | Employer/Occupation/Labor Organization* | | M D Y 0 7 0 5 0 6 | Amount \$300.00 |
| City Columbus | | State OH | Zip Code 43229 | 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 \$ 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 | | | | |
|--|--|-------------------|------------------------------------|--------------------|
| McIntosh For Judge Committee | | | | |
| Full Name of Contributor Philip B. Kaufman, Esq. | | | Registration Number, if PAC | |
| Street Address 341 S. 3rd St, Ste. 300 | Employer/Occupation/Labor Organization* | | M D Y 0 7 0 6 0 6 | Amount \$150.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Portman, Foley & Flint LLP | | | | |
| Full Name of Contributor Portman, Foley & Flint LLP | | | Registration Number, if PAC | |
| Street Address 471 E. Broad St, Ste. 1820 | Employer/Occupation/Labor Organization* | | M D Y 0 6 1 5 0 6 | Amount \$250.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Harry R. Reinhart | | | | |
| Full Name of Contributor Harry R. Reinhart | | | Registration Number, if PAC | |
| Street Address 400 S. 5th St, Ste. 202 | Employer/Occupation/Labor Organization* Reinhart Law Office | | M D Y 0 7 0 8 0 6 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Richard A. Talbott | | | | |
| Full Name of Contributor Richard A. Talbott | | | Registration Number, if PAC | |
| Street Address 4236 Shire Cove Rd | Employer/Occupation/Labor Organization* | | M D Y 0 7 0 6 0 6 | Amount \$500.00 |
| City Hilliard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| S. Weinberg | | | | |
| Full Name of Contributor S. Weinberg | | | Registration Number, if PAC | |
| Street Address 3440 Olentangy River Rd #13F | Employer/Occupation/Labor Organization* | | M D Y 0 7 0 6 0 6 | Amount \$150.00 |
| City Columbus | State OH | Zip Code 43202 | Form (Cash, Check, etc.) Check | |
| Samual B. Weiner CO., LPA | | | | |
| Full Name of Contributor Samual B. Weiner CO., LPA | | | Registration Number, if PAC | |
| Street Address 743 S. Front St | Employer/Occupation/Labor Organization* | | M D Y 0 6 2 1 0 6 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43206 | Form (Cash, Check, etc.) Check | |
| Schottenstein Zox & Dunn Co. LPA | | | | |
| Full Name of Contributor Schottenstein Zox & Dunn Co. LPA | | | Registration Number, if PAC | |
| Street Address 250 West St | Employer/Occupation/Labor Organization* | | M D Y 0 6 2 8 0 6 | Amount \$500.00 |
| 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 \$ \$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 Scott Wilson Schiff | | | | Registration Number, if PAC | |
| Street Address 88 W. Main St | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 7 2 0 0 6 | \$250.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Susan E. Ashbrook | | | | | |
| Street Address 139 S. Westmoor Ave | | | | Registration Number, if PAC | |
| Street Address 139 S. Westmoor Ave | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 7 0 6 0 6 | \$150.00 |
| City Columbus | | State OH | Zip Code 43204 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Susan S. Berkemer | | | | | |
| Street Address 1806 Hickory Hill Dr | | | | Registration Number, if PAC | |
| Street Address 1806 Hickory Hill Dr | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 7 0 6 0 6 | \$100.00 |
| City Columbus | | State OH | Zip Code 43228 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Thomas L. Long | | | | | |
| Street Address 2565 Leeds Rd | | | | Registration Number, if PAC | |
| Street Address 2565 Leeds Rd | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 7 1 1 0 6 | \$250.00 |
| City Columbus | | State OH | Zip Code 43221 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Tom Lindsey | | | | | |
| Street Address 4740 Strayer Dr | | | | Registration Number, if PAC | |
| Street Address 4740 Strayer Dr | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 7 0 6 0 6 | \$250.00 |
| City Hilliard | | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Unknown | | | | | |
| Street Address N/A | | | | Registration Number, if PAC | |
| Street Address N/A | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 7 0 6 0 6 | \$50.00 |
| City N/A | | State OH | Zip Code | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Uri Perrin | | | | | |
| Street Address 35 Clark St, Apt F3 | | | | Registration Number, if PAC | |
| Street Address 35 Clark St, Apt F3 | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 7 0 6 0 6 | \$50.00 |
| City Brooklyn | | State NY | Zip Code 11201 | 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 \$ \$1,100.00

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 Walter Gerhardstein, Jr. | | | | Registration Number, if PAC | | | | | | |
| Street Address 174 Springbrook Dr | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | | |
| | | | | 0 | 7 | 2 | 0 | 0 | 6 | \$50.00 |
| City Gahanna | | State OH | Zip Code 43230 | Form (Cash, Check, etc.) Check | | | | | | |
| Full Name of Contributor William Woods | | | | | | | | | | |
| Full Name of Contributor William Woods | | | | Registration Number, if PAC | | | | | | |
| Street Address 1022 Blind Brook Dr | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | | |
| | | | | 0 | 7 | 0 | 6 | 0 | 6 | \$100.00 |
| City Columbus | | State OH | Zip Code 43235 | Form (Cash, Check, etc.) Check | | | | | | |
| Full Name of Contributor Wrightsel & Wrightsel | | | | | | | | | | |
| Full Name of Contributor Wrightsel & Wrightsel | | | | Registration Number, if PAC | | | | | | |
| Street Address 3300 Riverside Dr, Ste. 100 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | | |
| | | | | 0 | 6 | 2 | 8 | 0 | 6 | \$150.00 |
| City Columbus | | State OH | Zip Code 43221 | Form (Cash, Check, etc.) Check | | | | | | |
| Full Name of Contributor Zeiger, Tigges & Little, LLP | | | | | | | | | | |
| Full Name of Contributor Zeiger, Tigges & Little, LLP | | | | Registration Number, if PAC | | | | | | |
| Street Address 41 S. High St, Ste 3500 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | | |
| | | | | 0 | 6 | 2 | 0 | 0 | 6 | \$500.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | | | | | | |
| Full Name of Contributor Anna Firestone | | | | | | | | | | |
| Full Name of Contributor Anna Firestone | | | | Registration Number, if PAC | | | | | | |
| Street Address 204 E. Royal Forest Blvd | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | | |
| | | | | 0 | 5 | 2 | 3 | 0 | 6 | \$50.00 |
| City Columbus | | State OH | Zip Code 43214 | Form (Cash, Check, etc.) Check | | | | | | |
| Full Name of Contributor Bertha Duran | | | | | | | | | | |
| Full Name of Contributor Bertha Duran | | | | Registration Number, if PAC | | | | | | |
| Street Address 1777 Drayton Park Ct | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | | |
| | | | | 0 | 6 | 1 | 4 | 0 | 6 | \$15.00 |
| City Columbus | | State OH | Zip Code 43212 | Form (Cash, Check, etc.) Check | | | | | | |
| Full Name of Contributor Imogene Brodie | | | | | | | | | | |
| Full Name of Contributor Imogene Brodie | | | | Registration Number, if PAC | | | | | | |
| Street Address 2600 Schaaf Dr | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | | |
| | | | | 0 | 6 | 2 | 5 | 0 | 6 | \$15.00 |
| City Columbus | | State OH | Zip Code 43209 | 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 \$ 880.00

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 Matthew J. Kelly | | | Registration Number, if PAC | | | | |
| Street Address 545 Bradley St | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 6 | 1 | 4 |
| | | | | 0 | 6 | | \$50.00 |
| City Columbus | | State OH | Zip Code 43201 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Michael A. Prisley | | | | | | | |
| Street Address 2183 Zollinger Rd | | | Registration Number, if PAC | | | | |
| Street Address 2183 Zollinger Rd | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 5 | 3 | 1 |
| | | | | 0 | 6 | | \$15.00 |
| City Columbus | | State OH | Zip Code 43221 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Sherlyn H. McCoy | | | | | | | |
| Street Address 2891 Landon Dr | | | Registration Number, if PAC | | | | |
| Street Address 2891 Landon Dr | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 6 | 2 | 5 |
| | | | | 0 | 6 | | \$45.00 |
| City Columbus | | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Sheryl Williams | | | | | | | |
| Street Address 658 Bugle Ct | | | Registration Number, if PAC | | | | |
| Street Address 658 Bugle Ct | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 6 | 1 | 4 |
| | | | | 0 | 6 | | \$15.00 |
| City Gahanna | | State OH | Zip Code 43230 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Tannisha D. Bell | | | | | | | |
| Street Address 617 Worthington Forest Place | | | Registration Number, if PAC | | | | |
| Street Address 617 Worthington Forest Place | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 6 | 2 | 5 |
| | | | | 0 | 6 | | \$15.00 |
| City Columbus | | State OH | Zip Code 43229 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor | | | | | | | |
| Street Address | | | 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 | | | | | | | |
| Street Address | | | Registration Number, if PAC | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| | | 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)]

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

| |
|------------|
| \$7,445.00 |
|------------|

Total expenditures this event

| |
|--------|
| \$0.00 |
|--------|

Page Total \$ 140.00

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 Allen J. Reis | | | Registration Number, if PAC | | | | |
| Street Address 3250 Knoll Dr | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 7 | 2 | \$100.00 |
| City Gahanna | | State OH | Zip Code 43230 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Amy M. Livingston | | | | | | | |
| Full Name of Contributor Amy M. Livingston | | | Registration Number, if PAC | | | | |
| Street Address PO Box 3792 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | \$100.00 |
| City Dublin | | State OH | Zip Code 43016 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Andrea Peeples | | | | | | | |
| Full Name of Contributor Andrea Peeples | | | Registration Number, if PAC | | | | |
| Street Address 5596 Winsor Woods Dr | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 7 | 2 | \$100.00 |
| City Gahanna | | State OH | Zip Code 43230 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Ann W. Kozliner | | | | | | | |
| Full Name of Contributor Ann W. Kozliner | | | Registration Number, if PAC | | | | |
| Street Address 1217 Neil Ave | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | \$25.00 |
| City Columbus | | State OH | Zip Code 43201 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Anne Taylor | | | | | | | |
| Full Name of Contributor Anne Taylor | | | Registration Number, if PAC | | | | |
| Street Address 1375 Camelot Dr | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | \$100.00 |
| City Columbus | | State OH | Zip Code 43220 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Benson A. Wolman | | | | | | | |
| Full Name of Contributor Benson A. Wolman | | | Registration Number, if PAC | | | | |
| Street Address 315 Eastmoor Blvd | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | \$100.00 |
| City Columbus | | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Bill Hawkins | | | | | | | |
| Full Name of Contributor Bill Hawkins | | | Registration Number, if PAC | | | | |
| Street Address N/A | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | \$100.00 |
| City N/A | | State OH | Zip Code | 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 \$ 625.00

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 Bonnie Brizendene | | | Registration Number, if PAC | | |
| Street Address 88 E. Broad St, Ste 1250 | | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 1 0 6 | Amount \$1,000.00 |
| City Columbus | State OH | Zip Code 43215 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Charles C. Warner | | | Registration Number, if PAC | | |
| Street Address 145 E. South St | | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 2 0 6 | Amount \$100.00 |
| City Worthington | State OH | Zip Code 43085 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Christopher William Blank | | | Registration Number, if PAC | | |
| Street Address 5324 Willow Valley Way | | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 2 0 6 | Amount \$150.00 |
| City Powell | State OH | Zip Code 43065 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Dolly G. Newhouse | | | Registration Number, if PAC | | |
| Street Address 2674 Henthorne Dr | | Employer/Occupation/Labor Organization* | | M D Y 0 7 2 7 0 6 | Amount \$100.00 |
| City Upper Arlington | State OH | Zip Code 43221 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Donna Shipka | | | Registration Number, if PAC | | |
| Street Address 6606 Skywae Dr | | Employer/Occupation/Labor Organization* | | M D Y 0 5 2 1 0 6 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43229 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Eugene Jones | | | Registration Number, if PAC | | |
| Street Address 239 Springbrook Dr | | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 2 0 6 | Amount \$150.00 |
| City Gahanna | State OH | Zip Code 43230 | | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Evsen Alasyali | | | Registration Number, if PAC | | |
| Street Address 6046 Heritage View Ct | | Employer/Occupation/Labor Organization* | | M D Y 0 7 2 5 0 6 | Amount \$200.00 |
| City Hilliard | State OH | Zip Code 43026 | | 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 \$ **\$1,750.00**

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 | | | | |
| Gregory N. Finnerty | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 85 E. Gay St, Ste 702 | | | | 0 | 8 | 0 | \$100.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43215 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Harold E. McDaniel, DDS | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 979 Wellington Blvd | | | | 0 | 8 | 0 | \$150.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43219 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| IBEW - COPE | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 900 Seventh St NW | | | | 0 | 7 | 1 | \$500.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Washington | | DC | 20001 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Jack G. Gibbs, Jr. | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 3855 McDannald Dr | | | | 0 | 7 | 2 | \$150.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Gahanna | | OH | 43230 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| James A. Scott, Jr. | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 3808 Cider Mill Dr | | | | 0 | 8 | 0 | \$100.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43204 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Jerilyn L. Wolman, PhD | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 315 Eastmoor Blvd | | | | 0 | 8 | 0 | \$100.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43209 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Kelly O'Reilly Anzelmo | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 446 Howland Dr | | | | 0 | 8 | 0 | \$100.00 |
| 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 \$ 1,200.00

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 | | | | |
| Kravitz & Kravitz, LLC | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 145 E. Rich St | | | | 0 | 7 | 3 | 106 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43215 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| M. Elizabeth Gill | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 90E Mithoff | | | | 0 | 8 | 0 | 206 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43206 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Margaret Rosenfield | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1650 Ridgeway Place | | | | 0 | 8 | 0 | 206 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43212 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Mary Ann Krauss | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1980 Upper Chelsea Rd | | | | 0 | 8 | 0 | 806 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Upper Arlington | | OH | 43221 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Mary Farmer Bryant | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1465 Devon Hill Ct | | | | 0 | 8 | 0 | 606 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43229 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Mary Lynn Caswell | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 4720 Old Ravine Ct | | | | 0 | 8 | 0 | 606 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43220 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Patmon LLC | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 4100 Regent St, Suite U | | | | 0 | 7 | 3 | 106 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43219 | 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 \$ 665.00 |
|----------------------|

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. Leon L. Troy, Sr. | | | | Registration Number, if PAC | |
| Street Address 1241 Park Plaza Dr | | Employer/Occupation/Labor Organization* | | M D Y 0 7 2 8 0 6 | Amount \$200.00 |
| City Columbus | | State OH | Zip Code 43213 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Richard D. Wetzel | | | | Registration Number, if PAC | |
| Street Address 187 Baranof E | | Employer/Occupation/Labor Organization* | | M D Y 0 7 2 4 0 6 | Amount \$100.00 |
| City Westerville | | State OH | Zip Code 43081 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Robert L. Mullinax | | | | Registration Number, if PAC | |
| Street Address 155 W. Southington Ave | | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 2 0 6 | Amount \$100.00 |
| City Worthington | | State OH | Zip Code 43085 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Ronald L. Solove | | | | Registration Number, if PAC | |
| Street Address 34 E. Gates St | | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 2 0 6 | Amount \$100.00 |
| City Columbus | | State OH | Zip Code 43206 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Rose Marie Gore | | | | Registration Number, if PAC | |
| Street Address 1380 Gardendale Drive W | | Employer/Occupation/Labor Organization* | | M D Y 0 7 2 6 0 6 | Amount \$100.00 |
| City Columbus | | State OH | Zip Code 43219 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Ruth A. Joseph | | | | Registration Number, if PAC | |
| Street Address 4560 Maynard Rd | | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 2 0 6 | Amount \$250.00 |
| City Delaware | | State OH | Zip Code 43015 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Salvador A. Dominguez | | | | Registration Number, if PAC | |
| Street Address 303 Marconi Blvd, Ste 200 | | Employer/Occupation/Labor Organization* | | M D Y 0 8 0 2 0 6 | Amount \$50.00 |
| 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 \$ **\$900.00**

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 Sharon C. West | | | Registration Number, if PAC | | |
| Street Address 119 Amazon Place | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 8 0 3 0 6 | \$150.00 |
| City Columbus | | State OH | Zip Code 43214 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Shaw & Miller Attorneys At Law | | | | | |
| Street Address 555 City Park Ave | | | Registration Number, if PAC | | |
| Street Address 555 City Park Ave | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 8 0 2 0 6 | \$215.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Smith, Phillips & Assoc, Co LPA | | | | | |
| Street Address 6660 N. High St, Ste 3F | | | Registration Number, if PAC | | |
| Street Address 6660 N. High St, Ste 3F | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 8 0 2 0 6 | \$50.00 |
| City Worthington | | State OH | Zip Code 43085 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Steven Lee Smith | | | | | |
| Street Address 261 S. Front St | | | Registration Number, if PAC | | |
| Street Address 261 S. Front St | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 8 0 2 0 6 | \$100.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Terry L. Kilgore | | | | | |
| Street Address 3031 Birch Hollow Way | | | Registration Number, if PAC | | |
| Street Address 3031 Birch Hollow Way | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | Attorney At Law | | 0 7 2 5 0 6 | \$100.00 |
| City Columbus | | State OH | Zip Code 43231 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Tex S. Hysell | | | | | |
| Street Address 845 Nob Hill Dr W | | | Registration Number, if PAC | | |
| Street Address 845 Nob Hill Dr W | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 7 2 5 0 6 | \$50.00 |
| City Gahanna | | State OH | Zip Code 43230 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor The Plymale Partnership, LLP | | | | | |
| Street Address 495 S. High St, Ste 400 | | | Registration Number, if PAC | | |
| Street Address 495 S. High St, Ste 400 | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 8 0 1 0 6 | \$250.00 |
| 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 \$ **\$915.00**

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 | | |
| Theresa Fassbender | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 704 Neil Avenue | | | 0 | 8 | 0 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | Amount |
| Columbus | OH | 43215 | Check | | \$35.00 |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Vorys Sater Seymour and Pease LLP | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| 52 E. Gay Street, PO Box 1008 | | | 0 | 8 | 0 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | Amount |
| Columbus | OH | 43215 | Check | | \$1,000.00 |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | Form (Cash, Check, etc.) | | Amount |
| | OH | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | Form (Cash, Check, etc.) | | Amount |
| | OH | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | Form (Cash, Check, etc.) | | Amount |
| | OH | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | Form (Cash, Check, etc.) | | Amount |
| | OH | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | Form (Cash, Check, etc.) | | Amount |
| | OH | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| | | | | | |
| City | State | Zip Code | Form (Cash, Check, etc.) | | 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)]

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

\$7,090.00

Total expenditures this event.

\$517.14

Page Total \$ 1,035.00

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 Bill Hendrick, Esq. | | | | Registration Number, if PAC | |
| Street Address 838 Thurber Drive W Apt 22 | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| | | | | 0 8 2 5 0 6 | \$50.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Bradley Hummel | | | | | |
| Street Address 2101 Elgin Rd | | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | M D Y | Amount | | |
| | | 0 8 1 6 0 6 | \$35.00 | | |
| City Columbus | | State OH | Zip Code 43221 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Brian & Heather Keck | | | | | |
| Street Address 3400 Heritage Oaks Dr | | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | M D Y | Amount | | |
| | | 0 8 1 6 0 6 | \$250.00 | | |
| City Hilliard | | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Chester Christie | | | | | |
| Street Address 1344 Eldorn Dr | | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | M D Y | Amount | | |
| | | 0 8 2 9 0 6 | \$100.00 | | |
| City Columbus | | State OH | Zip Code 43207 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Cynthia Seckerson | | | | | |
| Street Address 4551 Huckleberry Ct | | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | M D Y | Amount | | |
| | | 0 8 1 6 0 6 | \$35.00 | | |
| City Hilliard | | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor David Lynch | | | | | |
| Street Address PO Box 13592 | | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | M D Y | Amount | | |
| | | 0 8 2 9 0 6 | \$100.00 | | |
| City Columbus | | State OH | Zip Code 43213 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Diane Goss | | | | | |
| Street Address 2840 S. Dorchester Rd | | | | Registration Number, if PAC | |
| Employer/Occupation/Labor Organization* | | M D Y | Amount | | |
| | | 0 8 2 9 0 6 | \$100.00 | | |
| City Columbus | | State OH | Zip Code 43221 | 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 \$ **\$670.00**

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 | | |
| Donald Geiner | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 196 Warren St | | 0 | 8 | 2 | \$30.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| Columbus | OH | 43215 | Check | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Eric Kahn | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 4855 Vandorn Ct | | 0 | 8 | 2 | \$250.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| Hilliard | OH | 43026 | Check | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Hunter, Carnahan, Shoub & Byard | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 3360 Tremont Rd, 2nd Floor | | 0 | 8 | 2 | \$150.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| Columbus | OH | 43221 | Check | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| J.S. & I.M. Overking | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 4689 Tatersall Ct | | 0 | 8 | 1 | \$70.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| Columbus | OH | 43230 | Check | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Jeffery Bennington | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 23000 Bolender Pontius Rd | | 0 | 8 | 1 | \$25.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| Circleville | OH | 43113 | Check | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| John W. Sowers | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 446 Stanley Ave | | 0 | 8 | 2 | \$50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| Columbus | OH | 43206 | Check | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Kris Banvard & Paula Deming | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | M | D | Y | Amount |
| 6775 Alloway St W | | 0 | 8 | 2 | \$35.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| Worthington | OH | 43085 | 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 \$ 610.00 |
|----------------------|

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 Allbritain | | | Registration Number, if PAC | | |
| Street Address 1866A Northwest Blvd | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 0 6 | Amount \$40.00 |
| City Columbus | | State OH | Zip Code 43212 | Form (Cash, Check, etc.) Check | |
| Michelle Ferrero | | | | | |
| Full Name of Contributor Michelle Ferrero | | | Registration Number, if PAC | | |
| Street Address 204 S. Westgate Ave | | Employer/Occupation/Labor Organization* | | M D Y 0 8 2 5 0 6 | Amount \$25.00 |
| City Columbus | | State OH | Zip Code 43204 | Form (Cash, Check, etc.) Cash | |
| Michelle L. Cox | | | | | |
| Full Name of Contributor Michelle L. Cox | | | Registration Number, if PAC | | |
| Street Address 839 Gladden Rd | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 0 6 | Amount \$35.00 |
| City Grandview | | State OH | Zip Code 43212 | Form (Cash, Check, etc.) Check | |
| Nathan Akamine | | | | | |
| Full Name of Contributor Nathan Akamine | | | Registration Number, if PAC | | |
| Street Address 1 Miranova Place, Ste 1130 | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 0 6 | Amount \$200.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Pamela Gordon | | | | | |
| Full Name of Contributor Pamela Gordon | | | Registration Number, if PAC | | |
| Street Address 3244 Jacklin Dr | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 0 6 | Amount \$35.00 |
| City Pickerington | | State OH | Zip Code 43147 | Form (Cash, Check, etc.) Check | |
| Paul Khoury & Theresa Fassbender | | | | | |
| Full Name of Contributor Paul Khoury & Theresa Fassbender | | | Registration Number, if PAC | | |
| Street Address 704 Neil Avenue | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 0 6 | Amount \$35.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Paula & Thomas Lloyd | | | | | |
| Full Name of Contributor Paula & Thomas Lloyd | | | Registration Number, if PAC | | |
| Street Address 8055 Fairway Dr | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 0 6 | Amount \$35.00 |
| City Columbus | | State OH | Zip Code 43235 | 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 \$ 405.00

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 Pierce & Son Photographers | | | Registration Number, if PAC | | | | |
| Street Address 398 Woodland Ave | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2 9 0 6 | \$20.00 |
| City Columbus | | State OH | Zip Code 43203 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Robert A. Beattey Jr. | | | | | | | |
| Street Address 935 Summit St | | | Registration Number, if PAC | | | | |
| Street Address 935 Summit St | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 1 6 0 6 | \$35.00 |
| City Columbus | | State OH | Zip Code 43201 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Sara E. Ernest | | | | | | | |
| Street Address 271 S. Champion Ave | | | Registration Number, if PAC | | | | |
| Street Address 271 S. Champion Ave | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2 5 0 6 | \$50.00 |
| City Columbus | | State OH | Zip Code 43205 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Scott Shaw | | | | | | | |
| Street Address 500 S. Front St, Ste 130 | | | Registration Number, if PAC | | | | |
| Street Address 500 S. Front St, Ste 130 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2 5 0 6 | \$70.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Sheryl Williams & John Erwin | | | | | | | |
| Street Address 658 Bugle Ct | | | Registration Number, if PAC | | | | |
| Street Address 658 Bugle Ct | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2 5 0 6 | \$25.00 |
| City Gahanna | | State OH | Zip Code 43230 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Susan Thompson | | | | | | | |
| Street Address 6813 Ed Lane | | | Registration Number, if PAC | | | | |
| Street Address 6813 Ed Lane | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 1 6 0 6 | \$40.00 |
| City Canal Winchester | | State OH | Zip Code 43110 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Susan Thompson | | | | | | | |
| Street Address 6813 Ed Lane | | | Registration Number, if PAC | | | | |
| Street Address 6813 Ed Lane | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 1 6 0 6 | \$20.00 |
| City Canal Winchester | | State OH | Zip Code 43110 | 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 \$ 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 Theodore Scott | | | Registration Number, if PAC | | | | |
| Street Address 1076 Maryland Drive N | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2 | 906 |
| City Columbus | | State OH | Zip Code 43224 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Thomas C. Tootle | | | | | | | |
| Street Address 5971 Hildenboro Dr | | | Registration Number, if PAC | | | | |
| Street Address 5971 Hildenboro Dr | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2 | 506 |
| City Dublin | | State OH | Zip Code 43017 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Thompson Hine Good Government Program | | | | | | | |
| Street Address 3900 Key Center, 127 Public Sq | | | Registration Number, if PAC | | | | |
| Street Address 3900 Key Center, 127 Public Sq | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 0 | 206 |
| City Cleveland | | State OH | Zip Code 44114 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Timothy Gardner | | | | | | | |
| Street Address 1000 Urlin Ave #610 | | | Registration Number, if PAC | | | | |
| Street Address 1000 Urlin Ave #610 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2 | 506 |
| City Grandview | | State OH | Zip Code 43212 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor William & Susan Wilkinson | | | | | | | |
| Street Address 1050 Isle Court | | | Registration Number, if PAC | | | | |
| Street Address 1050 Isle Court | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2 | 406 |
| City Columbus | | State OH | Zip Code 43082 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Brett A. Warner | | | | | | | |
| Street Address 120 E. Kanawha Ave | | | Registration Number, if PAC | | | | |
| Street Address 120 E. Kanawha Ave | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2 | 506 |
| City Columbus | | State OH | Zip Code 43214 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Cliff O'Neill | | | | | | | |
| Street Address 44 W. Russell St | | | Registration Number, if PAC | | | | |
| Street Address 44 W. Russell St | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2 | 506 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Cash | | | |

* 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 \$ 1,045.00

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 | | | | |
| Michael Allbritain | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1866A Northwest Blvd | | | | 0 | 8 | 0106 | \$75.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43212 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Michelle Ferrero | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 204 S. Westgate Ave | | | | 0 | 8 | 2506 | \$15.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43204 | Cash | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Rob Levering | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| N/A | | | | 0 | 8 | 2506 | \$15.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| N/A | | OH | | Cash | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Tom Bordenkircher | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| tbordenkircher@mcgregor.edu | | | | 0 | 8 | 2506 | \$60.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| N/A | | OH | | Cash | | | |
| 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 | | | | | |

* 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
\$3,155.00

Total expenditures this event.
\$0.00

Page Total \$ **\$165.00**

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 A. Robert Hutchins | | | | Registration Number, if PAC | | | |
| Street Address 411 E. Town Street | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2 | 206 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Carlile, Patchen & Murphy LLP | | | | Registration Number, if PAC | | | |
| Street Address 366 E. Broad Street | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2 | 206 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Eric D. Carmichael | | | | Registration Number, if PAC | | | |
| Street Address 1299 Brookwood Place | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2 | 206 |
| City Columbus | | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Frederick D. Benton, Jr. | | | | Registration Number, if PAC | | | |
| Street Address 786 S. Front St, Ste 204 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2 | 106 |
| City Columbus | | State OH | Zip Code 43206 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor John Parns | | | | Registration Number, if PAC | | | |
| Street Address 6910 Cunningham Drive | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 1 | 906 |
| City New Albany | | State OH | Zip Code 43054 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Kitrick & Lewis Co., LPA | | | | Registration Number, if PAC | | | |
| Street Address 515 E. Main St, Ste 515 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 1 | 606 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Laborers Int'l Union of North America | | | | Registration Number, if PAC | | | |
| Street Address 620 Alum Creek Drive | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 8 | 2 | 906 |
| City Columbus | | State OH | Zip Code 43205 | 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 \$ **\$2,800.00**

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 | | | |
| Lisa Gilton | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 606 Eastmoor Blvd | | | | 0 | 9 | 2206 | \$100.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43209 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Lynn A. Greer | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1200 Chambers Rd, Ste 410 | | | | 0 | 9 | 1906 | \$100.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43212 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| McCullough Williams III, Esquire | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 6171 Lynanne Court | | | | 0 | 9 | 2206 | \$200.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43231 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Otto Beatty, Jr. | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 233 N. High St, Ste 300 | | | | 0 | 9 | 2206 | \$90.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43215 | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Pierre-Louis & Associates, LLC | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 635 Park Meadow Rd | | | | 0 | 9 | 2206 | \$100.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Westerville | | OH | 43081 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Robert E. Chilton | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1003 Cloverly Drive | | Attorneys At Law | | 0 | 9 | 2206 | \$50.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Gahanna | | OH | 43230 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Taft, Stettinius & Hollister Better Government Fund | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 425 Walnut St, Ste 1800 | | | | 0 | 9 | 1906 | \$500.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Cincinnati | | OH | 45202 | 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 \$ 1,140.00

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 | | | |
| Vickie Bobbitt | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 119 Sourwood Street | | | | 0 | 9 | 2206 | \$50.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Pickerington | | OH | 43147 | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Chuck Dawson | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| N/A | | | | 0 | 9 | 2206 | \$10.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| N/A | | OH | | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Darryl C. Pore | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1912 Bairsford Drive | | | | 0 | 9 | 2206 | \$25.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43232 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Diann R. Johnson | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1780 Kaiser Drive | | | | 0 | 9 | 2206 | \$30.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Reynoldsburg | | OH | 43068 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Gradella Briton | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| N/A | | | | 0 | 9 | 2206 | \$10.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| N/A | | OH | | Cash | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Janelle N. Simmons | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 2686 Bloom Drive | | | | 0 | 9 | 2206 | \$30.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43219 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Jeanne & Larry Griffin | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 181 Meadow Ridge Court | | | | 0 | 9 | 0406 | \$25.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Powell | | OH | 43065 | 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 \$ 180.00

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 Melanie Diggs | | | | Registration Number, if PAC | | | |
| Street Address 1555 Aven Drive | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 22 | 06 \$20.00 |
| City Columbus | | State OH | Zip Code 43227 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Merchelle L. Martin | | | | Registration Number, if PAC | | | |
| Street Address 3598 Tea Party Place | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 22 | 06 \$10.00 |
| City Columbus | | State OH | Zip Code 43207 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Michael L. Jones, Jr. | | | | Registration Number, if PAC | | | |
| Street Address PO Box 361581 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 22 | 06 \$25.00 |
| City Columbus | | State OH | Zip Code 43236 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Mike Davis | | | | Registration Number, if PAC | | | |
| Street Address N/A | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 22 | 06 \$20.00 |
| City N/A | | State OH | Zip Code | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Nina Jackson | | | | Registration Number, if PAC | | | |
| Street Address 1241 Haddon Road | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 22 | 06 \$20.00 |
| City Columbus | | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Phala A. Talbert | | | | Registration Number, if PAC | | | |
| Street Address 1987 Ravine Way | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 22 | 06 \$30.00 |
| City Reynoldsburg | | State OH | Zip Code 43068 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Rhonda P. Metoyer | | | | Registration Number, if PAC | | | |
| Street Address 1414 Lockbourne | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 22 | 06 \$25.00 |
| City Columbus | | State OH | Zip Code 43206 | 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 \$ **\$150.00**

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 Rhonda R. Cage | | | | Registration Number, if PAC | | | |
| Street Address 1428 Old Hickory Drive | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 1306 | \$15.00 |
| City Columbus | | State OH | Zip Code 43223 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Shane M. Anderson | | | | Registration Number, if PAC | | | |
| Street Address 113 Lafayette Street | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 1506 | \$15.00 |
| City Greenfield | | State OH | Zip Code 45123 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Shellee Fisher Davis | | | | Registration Number, if PAC | | | |
| Street Address 8349 Breckenridge Way | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2206 | \$30.00 |
| City Columbus | | State OH | Zip Code 43235 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Ayanna Scott | | | | Registration Number, if PAC | | | |
| Street Address 1373 Waveland Drive Apt B | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2206 | \$30.00 |
| City Gahanna | | State OH | Zip Code 43230 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Barb Welch | | | | Registration Number, if PAC | | | |
| Street Address 16 W. Long Street | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2206 | \$15.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Bernard Williams | | | | Registration Number, if PAC | | | |
| Street Address 5791 Halbridge Circle | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2206 | \$30.00 |
| City Columbus | | State OH | Zip Code 43232 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Julia Kerney | | | | Registration Number, if PAC | | | |
| Street Address 1523 Alum Crest Lane | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2206 | \$15.00 |
| City Columbus | | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Cash | | | |

* 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 \$ **\$150.00**

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 Rhonda Martin-Cage | | | Registration Number, if PAC | | |
| Street Address 1428 Old Hickory Drive | | Employer/Occupation/Labor Organization* | | M D Y 0 9 2 2 0 6 | Amount \$15.00 |
| City Columbus | | State OH | Zip Code 43223 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Shane Anderson | | | Registration Number, if PAC | | |
| Street Address 113 Lafayette Street | | Employer/Occupation/Labor Organization* | | M D Y 0 9 2 2 0 6 | Amount \$45.00 |
| City Greenfield | | State OH | Zip Code 45123 | 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.) | |
| 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.) | |
| 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.) | |

* 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

| |
|-------------------|
| \$4,480.00 |
|-------------------|

Total expenditures this event.

| |
|---------------|
| \$0.00 |
|---------------|

| |
|----------------------------|
| Page Total \$ 60.00 |
|----------------------------|

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 | | | |
| Alvin Pelt | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 8043 Storrow Dr. | | | | 0 | 9 | 2806 | \$100.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Westerville | | OH | 43081 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| AMR | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1143 Summer Hill Circle | | | | 0 | 9 | 1806 | \$75.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Gahanna | | OH | 43230 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Anthony L. & Yvette McGee Brown | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 643 Crossing Creek S. | | | | 0 | 9 | 2806 | \$200.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Gahanna | | OH | 43230 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Bailey Cavalieri LLC | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 10 W. Broad St. | | | | 0 | 9 | 2906 | \$500.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43215 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Bernard M. Floetker Attorney at Law | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1295 S. High St. | | | | 0 | 9 | 2806 | \$100.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43206 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Christopher M. Cooper Esq. & Karen Cooper | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 286 Marjoran Drive | | | | 0 | 9 | 2906 | \$100.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Gahanna | | OH | 43230 | Check | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | |
| Columbus Franklin County AFL CIO PCE | | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1545 Alum Creek Dr. 2nd. Fl. | | | | 0 | 9 | 2506 | \$200.00 |
| City | | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | | OH | 43209 | 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 \$ 1,275.00

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 Cynthia L. Watiker | | | | Registration Number, if PAC | |
| Street Address 7191 Keystone Ranch Ct. | | Employer/Occupation/Labor Organization* | | M D Y 0 9 0 7 0 6 | Amount \$500.00 |
| City Blacklick | | State OH | Zip Code 43004 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor D. Timothy Huey Attorney at Law | | | | Registration Number, if PAC | |
| Street Address 2396 Wimbledon Rd. | | Employer/Occupation/Labor Organization* | | M D Y 0 9 2 9 0 6 | Amount \$100.00 |
| City Upper Arlington | | State OH | Zip Code 43220 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Deborah A. Nixon Hughes | | | | Registration Number, if PAC | |
| Street Address 3112 Leon Ave. | | Employer/Occupation/Labor Organization* | | M D Y 0 9 1 4 0 6 | Amount \$100.00 |
| City Columbus | | State OH | Zip Code 43219 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Elizabeth B. Dennis | | | | Registration Number, if PAC | |
| Street Address 5336 Park Lane Drive | | Employer/Occupation/Labor Organization* | | M D Y 0 9 2 8 0 6 | Amount \$100.00 |
| City Columbus | | State OH | Zip Code 43231 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Eric J. Hoffman & Amy Almasanu Hoffman | | | | Registration Number, if PAC | |
| Street Address 2722 Bexley Park Rd. | | Employer/Occupation/Labor Organization* | | M D Y 0 9 2 9 0 6 | Amount \$200.00 |
| City Columbus | | State OH | Zip Code 43203 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Eugene & Jaqueline Jones | | | | Registration Number, if PAC | |
| Street Address 239 Springbrook Drive | | Employer/Occupation/Labor Organization* | | M D Y 0 9 2 9 0 6 | Amount \$500.00 |
| City Gahanna | | State OH | Zip Code 43230 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor F. Edward & Elaine A. Sparks | | | | Registration Number, if PAC | |
| Street Address 9980 Hyland Croy Rd. | | Employer/Occupation/Labor Organization* | | M D Y 0 9 2 8 0 6 | Amount \$100.00 |
| City Plain City | | State OH | Zip Code 43064 | 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 \$ | \$1,600.00 |
|----------------------|-------------------|

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 Frank & Melinda Todaro | | | | Registration Number, if PAC | | |
| Street Address 7325 Macbeth Drive | | Employer/Occupation/Labor Organization* | | M | D | Y |
| City Dublin | | State OH | Zip Code 43016 | 0 | 8 | 2 |
| | | | | 9 | 0 | 6 |
| | | | | Amount \$150.00 | | |
| | | | | Form (Cash, Check, etc.) Check | | |
| Full Name of Contributor Gittes & Schulte | | | | | | |
| Street Address 723 Oak Street | | | | Registration Number, if PAC | | |
| City Columbus | | Employer/Occupation/Labor Organization* | | M | D | Y |
| State OH | | Zip Code 43205 | | 0 | 9 | 0 |
| | | | | 1 | 0 | 6 |
| | | | | Amount \$150.00 | | |
| | | | | Form (Cash, Check, etc.) Check | | |
| Full Name of Contributor John T. Coats Sr. | | | | | | |
| Street Address 1833 Kent St. | | | | Registration Number, if PAC | | |
| City Columbus | | Employer/Occupation/Labor Organization* | | M | D | Y |
| State OH | | Zip Code 43205 | | 0 | 8 | 0 |
| | | | | 7 | 0 | 6 |
| | | | | Amount \$100.00 | | |
| | | | | Form (Cash, Check, etc.) Check | | |
| Full Name of Contributor Kegler, Brown, Hill & Ritter, PAC | | | | | | |
| Street Address 65 E. State Street Suite 1800 | | | | Registration Number, if PAC CP648 | | |
| City Columbus | | Employer/Occupation/Labor Organization* | | M | D | Y |
| State OH | | Zip Code 43215 | | 0 | 8 | 3 |
| | | | | 0 | 0 | 6 |
| | | | | Amount \$1,000.00 | | |
| | | | | Form (Cash, Check, etc.) Check | | |
| Full Name of Contributor Linda J. McNamara | | | | | | |
| Street Address 3966 Fairlington Drive | | | | Registration Number, if PAC | | |
| City Columbus | | Employer/Occupation/Labor Organization* | | M | D | Y |
| State OH | | Zip Code 43220 | | 0 | 9 | 0 |
| | | | | 6 | 0 | 6 |
| | | | | Amount \$50.00 | | |
| | | | | Form (Cash, Check, etc.) Check | | |
| Full Name of Contributor Lucille Tillery | | | | | | |
| Street Address 634 Harrow Ct. | | | | Registration Number, if PAC | | |
| City Gahanna | | Employer/Occupation/Labor Organization* | | M | D | Y |
| State OH | | Zip Code 43230 | | 0 | 9 | 0 |
| | | | | 7 | 0 | 6 |
| | | | | Amount \$100.00 | | |
| | | | | Form (Cash, Check, etc.) Check | | |
| Full Name of Contributor Michael Dutcher | | | | | | |
| Street Address 5229 Dietrich Ave | | | | Registration Number, if PAC | | |
| City Orient | | Employer/Occupation/Labor Organization* | | M | D | Y |
| State OH | | Zip Code 43146 | | 0 | 8 | 2 |
| | | | | 5 | 0 | 6 |
| | | | | Amount \$30.00 | | |
| | | | | 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 \$ **\$1,580.00**

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 | | |
| Nannette Reynolds | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y |
| 7671 Fenway Rd. | | | | 0 | 9 | 1 |
| City | | State | Zip Code | 1 | 1 | 0 |
| New Albany | | OH | 43054 | 6 | | |
| | | | | Form (Cash, Check, etc.) | | Amount |
| | | | | Check | | \$50.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Robert Clay | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y |
| 160 S. Monroe Ave. | | | | 0 | 8 | 2 |
| City | | State | Zip Code | 8 | 0 | 6 |
| Columbus | | OH | 43205 | | | |
| | | | | Form (Cash, Check, etc.) | | Amount |
| | | | | Check | | \$100.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Rod or Roxanne Tyree | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y |
| 6635 Elm Park Drive | | | | 0 | 9 | 1 |
| City | | State | Zip Code | 5 | 0 | 6 |
| Galloway | | OH | 43119 | | | |
| | | | | Form (Cash, Check, etc.) | | Amount |
| | | | | Check | | \$15.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Sallie Gibson | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y |
| 1607 Franklin Ave. | | | | 0 | 9 | 0 |
| City | | State | Zip Code | 9 | 0 | 6 |
| Columbus | | OH | 43205 | | | |
| | | | | Form (Cash, Check, etc.) | | Amount |
| | | | | Cash | | \$50.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Sallie Gibson | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y |
| 1607 Franklin Ave. | | | | 0 | 9 | 0 |
| City | | State | Zip Code | 8 | 0 | 6 |
| Columbus | | OH | 43205 | | | |
| | | | | Form (Cash, Check, etc.) | | Amount |
| | | | | Money Order | | \$150.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Scott & Roberta Timmerman | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y |
| 5705 Tara Hill Drive | | | | 0 | 6 | 2 |
| City | | State | Zip Code | 6 | 0 | 6 |
| Dublin | | OH | 43017 | | | |
| | | | | Form (Cash, Check, etc.) | | Amount |
| | | | | Check | | \$100.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Susan K. Ford | | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y |
| 1869 Kirkbridge Ct. | | | | 0 | 9 | 0 |
| City | | State | Zip Code | 4 | 0 | 6 |
| Columbus | | OH | 43227 | | | |
| | | | | Form (Cash, Check, etc.) | | Amount |
| | | | | Check | | \$50.00 |

* 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)]

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 \$ \$515.00

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 | | | |
| Susan K. Ford | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1869 Kirkbridge Ct. | | | 0 | 9 | 04 | \$50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | OH | 43227 | Cash | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Terry A. Boyd PhD | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 5646 Concord Hill Dr. | | | 0 | 9 | 18 | \$100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | OH | 43213 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Thelma Lowellton | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 2656 Mitzi Dr. | | | 0 | 9 | 18 | \$50.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | OH | 43209 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| V.L. Deisner | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1207 Grandview Ave. | | | 0 | 9 | 28 | \$100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | OH | 43212 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Warner M. Thomas | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 140 E. Town St. | | | 0 | 9 | 08 | \$100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | OH | 43215 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| West-O-Pac, Weston Hurd, LLP | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1301 E. 9th St. Ste. 190 | | | 0 | 9 | 25 | \$100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Cleveland | OH | 44114 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Wiles, Boyle, Burkholder, & Bringardner | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 300 Spruce St. | | | 0 | 9 | 28 | \$100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | OH | 43215 | 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 \$ 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 Yavitch & Palmer Co. LPA Attorneys at Law | | | | Registration Number, if PAC | | | |
| Street Address 511 S. High St. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City Columbus | | State OH | Zip Code 43215 | 0 | 9 | 1106 | \$250.00 |
| Form (Cash, Check, etc.) Check | | | | | | | |
| Full Name of Contributor Nerma Cockrell | | | | | | | |
| Street Address 8082 Woodstream Dr. NW | | | | Registration Number, if PAC | | | |
| City Canal Winchester | | State OH | Zip Code 43110 | M | D | Y | Amount |
| City Canal Winchester | | State OH | Zip Code 43110 | 1 | 0 | 0106 | \$25.00 |
| Form (Cash, Check, etc.) Check | | | | | | | |
| Full Name of Contributor Susan K. Ford | | | | | | | |
| Street Address 1869 Kirkbridge Ct. | | | | Registration Number, if PAC | | | |
| City Columbus | | State OH | Zip Code 43227 | M | D | Y | Amount |
| City Columbus | | State OH | Zip Code 43227 | 1 | 0 | 0206 | \$50.00 |
| Form (Cash, Check, etc.) Check | | | | | | | |
| Full Name of Contributor Michelle Boyer | | | | | | | |
| Street Address 2462 Mason Village Ct. | | | | Registration Number, if PAC | | | |
| City Columbus | | State OH | Zip Code 43232 | M | D | Y | Amount |
| City Columbus | | State OH | Zip Code 43232 | 1 | 0 | 0106 | \$20.00 |
| Form (Cash, Check, etc.) Check | | | | | | | |
| Full Name of Contributor Jeffery Berndt | | | | | | | |
| Street Address 575 S. High St. | | | | Registration Number, if PAC | | | |
| City Columbus | | State OH | Zip Code 43215 | M | D | Y | Amount |
| City Columbus | | State OH | Zip Code 43215 | 1 | 0 | 0406 | \$100.00 |
| Form (Cash, Check, etc.) Check | | | | | | | |
| Full Name of Contributor Joseph E. Scott | | | | | | | |
| Street Address 35 E. Livingston Ave. | | | | Registration Number, if PAC | | | |
| City Columbus | | State OH | Zip Code 43215 | M | D | Y | Amount |
| City Columbus | | State OH | Zip Code 43215 | 1 | 0 | 0606 | \$500.00 |
| Form (Cash, Check, etc.) Check | | | | | | | |
| Full Name of Contributor Stanley B. Dritz | | | | | | | |
| Street Address 50 W. Broad St. | | | | Registration Number, if PAC | | | |
| City Columbus | | State OH | Zip Code 43215 | M | D | Y | Amount |
| City Columbus | | State OH | Zip Code 43215 | 1 | 0 | 0606 | \$150.00 |
| 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 \$ 1,095.00 |
|------------------------|

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 J. Thomas | | | | Registration Number, if PAC | | | |
| Street Address 60 Grace Drive | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 28 | \$100.00 |
| City Powell | | State OH | Zip Code 43065 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Kevin Durkin, Attorney At Law | | | | | | | |
| Street Address 417 E. Broad St | | | | Employer/Occupation/Labor Organization* | | | Amount |
| | | | | M | D | Y | \$100.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Lane, Alton & Horst, LLC | | | | | | | |
| Street Address 175 South Third St | | | | Employer/Occupation/Labor Organization* | | | Amount |
| | | | | M | D | Y | \$750.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Marvena E. Twigg | | | | | | | |
| Street Address 2830 Lymington Road | | | | Employer/Occupation/Labor Organization* | | | Amount |
| | | | | M | D | Y | \$100.00 |
| City Columbus | | State OH | Zip Code 43220 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Michael C. Allbritain | | | | | | | |
| Street Address 1866A Northwest Blvd | | | | Employer/Occupation/Labor Organization* | | | Amount |
| | | | | M | D | Y | \$85.00 |
| City Columbus | | State OH | Zip Code 43212 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Neil W. Rosenberg, Attorney At Law | | | | | | | |
| Street Address 400 S. 5th St Ste 102 | | | | Employer/Occupation/Labor Organization* | | | Amount |
| | | | | M | D | Y | \$150.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | | | |
| Full Name of Contributor Preston N. Stearns | | | | | | | |
| Street Address 1020 Matterhorn Dr | | | | Employer/Occupation/Labor Organization* | | | Amount |
| | | | | M | D | Y | \$100.00 |
| City Reynoldsburg | | State OH | Zip Code 43068 | 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 \$ **\$1,385.00**

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 | | | |
| Ruth A. Joseph | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 4560 Maynard Rd | | | 1 | 0 | 0606 | \$60.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Delaware | OH | 43015 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Ted E. Ferguson | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 88 E. Tulane Rd | | | 1 | 0 | 0706 | \$100.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | OH | 43202 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Thomas E. Ferguson | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 175 Woodland Rd | | | 1 | 0 | 0706 | \$60.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Powell | OH | 43065 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| William W. Hawkins, Jr. | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 6273 Sharon Woods Blvd | | | 1 | 0 | 0406 | \$60.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | OH | 43229 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| John W. Salvage | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 155 Binns Blvd | | | 1 | 0 | 0206 | \$35.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | OH | 43204 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Terrance L. Dick | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 1998 Aberdeen Dr | | | 1 | 0 | 0406 | \$35.00 |
| City | State | Zip Code | Form (Cash, Check, etc.) | | | |
| Columbus | OH | 43220 | Check | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| G. Wayne & Sharon West | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| 119 Amazon Pl | | | 0 | 9 | 3004 | \$60.00 |
| 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

| |
|--------|
| \$0.00 |
|--------|

Total expenditures this event.

| |
|--------|
| \$0.00 |
|--------|

| |
|----------------------|
| Page Total \$ 410.00 |
|----------------------|

