

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

Prescribed by Secretary of State 03/05

|                                                                  |                    |                                                                   |  |                                          |          |
|------------------------------------------------------------------|--------------------|-------------------------------------------------------------------|--|------------------------------------------|----------|
| Name of Committee in Full<br><b>McIntosh For Judge Committee</b> |                    |                                                                   |  |                                          |          |
| Full Name of Contributor<br><b>James D. Abrams</b>               |                    |                                                                   |  | Registration Number, if PAC              |          |
| Street Address<br><b>7643 Goodrich Square S</b>                  |                    | Employer/Occupation/Labor Organization*                           |  | M   D   Y                                | Amount   |
|                                                                  |                    |                                                                   |  | 0   4   2   6   0   6                    | \$100.00 |
| City<br><b>New Albany</b>                                        | State<br><b>OH</b> | Zip Code<br><b>43054</b>                                          |  | Form (Cash, Check, etc.)<br><b>Check</b> |          |
| Full Name of Contributor<br><b>Linda J. McNamara</b>             |                    |                                                                   |  | Registration Number, if PAC              |          |
| Street Address<br><b>3966 Fairlington Dr</b>                     |                    | Employer/Occupation/Labor Organization*                           |  | M   D   Y                                | Amount   |
|                                                                  |                    |                                                                   |  | 0   4   2   2   0   6                    | \$50.00  |
| City<br><b>Columbus</b>                                          | State<br><b>OH</b> | Zip Code<br><b>43220</b>                                          |  | Form (Cash, Check, etc.)<br><b>Check</b> |          |
| Full Name of Contributor<br><b>Blaise Baker</b>                  |                    |                                                                   |  | Registration Number, if PAC              |          |
| Street Address<br><b>600 S. High St, Suite 201</b>               |                    | Employer/Occupation/Labor Organization*<br><b>Attorney At Law</b> |  | M   D   Y                                | Amount   |
|                                                                  |                    |                                                                   |  | 0   4   2   1   0   6                    | \$100.00 |
| City<br><b>Columbus</b>                                          | State<br><b>OH</b> | Zip Code<br><b>43215</b>                                          |  | Form (Cash, Check, etc.)<br><b>Check</b> |          |
| Full Name of Contributor<br><b>Thomas A. Kurtz</b>               |                    |                                                                   |  | Registration Number, if PAC              |          |
| Street Address<br><b>3658 Lakestone Circle</b>                   |                    | Employer/Occupation/Labor Organization*                           |  | M   D   Y                                | Amount   |
|                                                                  |                    |                                                                   |  | 0   3   1   4   0   6                    | \$250.00 |
| City<br><b>Hilliard</b>                                          | State<br><b>OH</b> | Zip Code<br><b>43026</b>                                          |  | Form (Cash, Check, etc.)<br><b>Check</b> |          |
| Full Name of Contributor<br><b>Richard C. Pfeiffer, Jr.</b>      |                    |                                                                   |  | Registration Number, if PAC              |          |
| Street Address<br><b>238 E. Royal Forest Blvd</b>                |                    | Employer/Occupation/Labor Organization*                           |  | M   D   Y                                | Amount   |
|                                                                  |                    |                                                                   |  | 0   4   2   2   0   6                    | \$150.00 |
| City<br><b>Columbus</b>                                          | State<br><b>OH</b> | Zip Code<br><b>43214</b>                                          |  | Form (Cash, Check, etc.)<br><b>Check</b> |          |
| Full Name of Contributor<br><b>John R. Gall</b>                  |                    |                                                                   |  | Registration Number, if PAC              |          |
| Street Address<br><b>825 Old Woods Road</b>                      |                    | Employer/Occupation/Labor Organization*                           |  | M   D   Y                                | Amount   |
|                                                                  |                    |                                                                   |  | 0   4   2   3   0   6                    | \$250.00 |
| City<br><b>Columbus</b>                                          | State<br><b>OH</b> | Zip Code<br><b>43235</b>                                          |  | Form (Cash, Check, etc.)<br><b>Check</b> |          |
| Full Name of Contributor<br><b>Timothy E. Grady</b>              |                    |                                                                   |  | Registration Number, if PAC              |          |
| Street Address<br><b>3660 Kennybrook Ln</b>                      |                    | Employer/Occupation/Labor Organization*                           |  | M   D   Y                                | Amount   |
|                                                                  |                    |                                                                   |  | 0   4   3   0   0   6                    | \$100.00 |
| City<br><b>Columbus</b>                                          | State<br><b>OH</b> | Zip Code<br><b>43220</b>                                          |  | Form (Cash, Check, etc.)<br><b>Check</b> |          |

\* 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 \$ 1,000.00