

Full Name of Committee							
The Committee to Re-Elect Judge McIntosh							
From Whom Received					Prior Amount		Amt. Incurred this Period
Stephen L. McIntosh					\$3000.00		0.00
Street Address							Outstanding Balance
799 Nob Hill Dr. W.							\$3000.00
City		State	Zip Code	Loans Received This Period		Payments This Period	
Gahanna		OH	43230				
Date Loan was Originally Incurred (MM/DD/YYYY)				Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
10/24/2004							
Registration Number, if PAC				Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*				Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received					Prior Amount		Amt. Incurred this Period
Street Address							Outstanding Balance
City		State	Zip Code	Loans Received This Period		Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY)				Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC				Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*				Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 3000.00

Total Received This Period \$ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 3000.00 (also record on Form 30-A)