



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> The Committee To Re-Elect Judge McIntosh				
Full Name of Contributor Sharon C. West			Registration Number, if PAC	
Street Address 119 Amazon Place		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 01/31/2018	Amount \$600.00
Full Name of Contributor Advocate For Effective Public Administration			Registration Number, if PAC OH109	
Street Address 52 E. Gay St., P.O. Box 1008		Employer/Occupation/Labor Organization* Vorys, Sater, Seymour & Pease		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 01/31/2018	Amount \$3,800.00
Full Name of Contributor Roger M. Koeck			Registration Number, if PAC	
Street Address 6257 Emberwood Rd.		Employer/Occupation/Labor Organization* Self-employed		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 01/31/2018	Amount \$100.00
Full Name of Contributor Janet Jackson			Registration Number, if PAC	
Street Address 2865 Castlewood Rd.		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 01/31/2018	Amount \$500.00
Full Name of Contributor Charles C. Warner			Registration Number, if PAC	
Street Address 145 E. South St.		Employer/Occupation/Labor Organization* Porter, Wright, Arthur & Morris LLP		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 01/31/2018	Amount \$100.00

\*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)]