

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 David Stebbins				Registration Number, if PAC	
Street Address 400 S. 5th Ave Ste. 202		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$40.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Heidi Steinbrenner					
Street Address 552 City Park Ave		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Jeffrey & Mary Caswell					
Street Address 4720 Old Ravine Ct		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$40.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey Furbie					
Street Address 969 Woodhill Dr		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$10.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Jerry Allen					
Street Address 3751 Prestwoud		Employer/Occupation/Labor Organization*		M 1	D 0
City New Albany		State OH	Zip Code 43054	Y 1	Amount \$30.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Jo E. Kaiser					
Street Address 2103 Scenic Dr		Employer/Occupation/Labor Organization*		M 1	D 0
City Lancaster		State OH	Zip Code 43130	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jody Spurlock					
Street Address 1611 Clifton Ave		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43203	Y 1	Amount \$40.00
				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 \$ **\$295.00**