

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

Prescribed by Secretary of State 03/05

Event Date 5/18/06

Page 4

Name of Committee in Full McIntosh For Judge Committee					
Full Name of Contributor Steve C. Dunbar				Registration Number, if PAC	
Street Address 3165 Hines Rd		Employer/Occupation/Labor Organization*		M 0	D 5
City Gahanna		State OH	Zip Code 43230	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Steve C. Dunbar				Registration Number, if PAC	
Street Address 3165 Hines Rd		Employer/Occupation/Labor Organization*		M 0	D 5
City Gahanna		State OH	Zip Code 43230	Y 1	Amount \$15.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Richard W. Figley				Registration Number, if PAC	
Street Address 2353 Hardesty Ct		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43204	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Lara Baker				Registration Number, if PAC	
Street Address 165 Halligan Ave		Employer/Occupation/Labor Organization*		M 0	D 5
City Worthington		State OH	Zip Code 43085	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Lara Baker				Registration Number, if PAC	
Street Address 165 Halligan Ave		Employer/Occupation/Labor Organization*		M 0	D 5
City Worthington		State OH	Zip Code 43085	Y 1	Amount \$15.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Joye E. Saunders				Registration Number, if PAC	
Street Address 3596 Bremen St		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43224	Y 1	Amount \$30.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Joye E. Saunders				Registration Number, if PAC	
Street Address 3596 Bremen St		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43224	Y 1	Amount \$70.00
				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 \$ **\$250.00**