Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	5/18/06
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Name of Committee in Full			
McIntosh For Judge Committee		· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor Matt Kanai	Registration Number, if PAC		
Street Address	F	al attached	M D Y Amount
5900 Saucony Dr	Employer/Occupation/Labor Organization*		0 5 1 8 0 6 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Cash
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Jeff Furbee			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
969 Woodhill Dr			0 5 1 8 0 6 \$35.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43212	Cash
Full Name of Contributor Bill Truax			Registration Number, if PAC
Street Address	r 1 /0		M D Y Amount
171 E. Livingston Ave	Employer/Occup	ation/Labor Organization*	0 5 1 8 0 6 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH O	43215	Cash
Full Name of Contributor			Registration Number, if PAC
Natalie Harris			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1620 E. Broad St #1702			0 5 1 8 0 6 \$35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43203	Cash
Full Name of Contributor Pete Scranton			Registration Number, if PAC
Street Address 729 S. 6th St	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 5 1 8 0 6 \$25.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	Cash
Full Name of Contributor Paul Khoury	,		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
704 Neil Ave			0 5 1 8 0 6 \$50.00
City Columbus	Stal te	Zip Code	Form (Cash, Check, etc.) Cash
	OH	43215	
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
City	State	Zip Code	Form (Cook Check etc.)
City	OH	Zip Code	Form (Cash, Check, etc.)
* Dequired for contributions from individuals over		11. 11. 12. 12.	

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 No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.		
¢2 160 00			
\$2,160.00	\$0.00		

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)]