

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Dingus For Judge		Club 185	
Full Name of Contributor Megan Foley		Registration Number, if PAC	
Street Address 373 E Tulane	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount 50.00
City Columbus	State Zip Code O H 43202	Form(Cash,Check,etc) Credit Card	
Full Name of Contributor Ray Critchett		Registration Number, if PAC	
Street Address 1461 Tenagra Way	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount 400.00
City Columbus	State Zip Code O H 43228	Form(Cash,Check,etc) Check	
Full Name of Contributor Brandi Critchett		Registration Number, if PAC	
Street Address 1461 Tenagra Way	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount 400.00
City Columbus	State Zip Code O H 43228	Form(Cash,Check,etc) Check	
Full Name of Contributor Cash Contributions		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount 25.00
City	State Zip Code	Form(Cash,Check,etc) Cash	
Full Name of Contributor Pierce Reed		Registration Number, if PAC	
Street Address 6815 Maplebrook Lane	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount 100.00
City Columbus	State Zip Code O H 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Todd Crawford		Registration Number, if PAC	
Street Address 7032 Tralee Dr	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount 100.00
City Dublin	State Zip Code O H 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Deborah Frazier		Registration Number, if PAC	
Street Address 6933 Ernest Way	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount 35.00
City Dublin	State Zip Code O H 43017	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 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

1,530.00

Total expenditures this event

Page Total \$ **1,110.00**