

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					
Full Name of Contributor Edward Parks				Registration Number, if PAC	
Street Address 2501 Brentwood lake Dr.	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1908
City Reynoldsburg	State O	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 60.00
Full Name of Contributor Mark Serrot				Registration Number, if PAC	
Street Address 502 S. Third St.	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1908
City Columbus	State O	Zip Code 43205	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Brian Shinn				Registration Number, if PAC	
Street Address 137 Morse Rd	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1908
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ernest & Esther Whitted				Registration Number, if PAC	
Street Address 2452 Prendergast Pl	Employer/Occupation/Labor Organization* Student		M 0	D 3	Y 1908
City Reynoldsburg	State O	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Ira Sully				Registration Number, if PAC	
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1908
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Tim and Jamie Kolp				Registration Number, if PAC	
Street Address 8044 Dunaway Lane	Employer/Occupation/Labor Organization* Real Estate - New Plan		M 0	D 3	Y 1908
City Westerville	State O	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Benita Reedus				Registration Number, if PAC	
Street Address 2021 E. Dublin Granville Rd, Ste 173	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1908
City Columbus	State O	Zip Code 43229	Form(Cash,Check,etc) Check		Amount 50.00

* 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 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

1,970.00

Total expenditures this event

\$190.06 Like Kind

Page Total \$ **460.00**