

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 Karen Howard		Registration Number, if PAC	
Street Address 5378 York Lane S	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount 35.00
City Columbus	State Zip Code O H 43232	Form(Cash,Check,etc) Cash	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount
City Columbus	State Zip Code O H 	Form(Cash,Check,etc) Check	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount
City Columbus	State Zip Code O H 	Form(Cash,Check,etc) Check	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount
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Street Address	Employer/Occupation/Labor Organization*	M D Y 1 0 0 9 0 8	Amount
City Columbus	State Zip Code O H 	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 \$ 35.00