

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						Gary Baker House Party						
Full Name of Contributor Friends for Ginther						Registration Number, if PAC						
Street Address 405 E. Town St.			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
						0	5	3	1	0	8	50.00
City Columbus			State O H		Zip Code 43215	Form(Cash,Check,etc) Check						
Full Name of Contributor Joe Decker						Registration Number, if PAC						
Street Address 2904 Crescent Dr			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
						0	5	3	1	0	8	50.00
City Columbus			State O H		Zip Code 43204	Form(Cash,Check,etc) Check						
Full Name of Contributor Cash						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
						0	5	3	1	0	8	14.00
City			State		Zip Code	Form(Cash,Check,etc) Cash						
Full Name of Contributor Gary Baker						Registration Number, if PAC						
Street Address 2142 Staghorn Way			Employer/Occupation/Labor Organization* C-bus School Board			M	D	Y	Amount			
						0	5	3	1	0	8	350.00
City Columbus			State O H		Zip Code 43123	Form(Cash,Check,etc) Check						
Full Name of Contributor Robin Traxler						Registration Number, if PAC						
Street Address 2930 Crescent Dr.			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
						0	5	3	1	0	8	20.00
City Columbus			State O H		Zip Code 43204	Form(Cash,Check,etc) Cash						
Full Name of Contributor Mark Leonard						Registration Number, if PAC						
Street Address 636 Lawson Dr.			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
						0	5	3	1	0	8	25.00
City Westerville			State O H		Zip Code 43081	Form(Cash,Check,etc) Check						
Full Name of Contributor Katherine Thompson						Registration Number, if PAC						
Street Address 363 Demorest Rd			Employer/Occupation/Labor Organization*			M	D	Y	Amount			
						0	5	3	1	0	8	60.00
City Columbus			State O H		Zip Code 43204	Form(Cash,Check,etc) Cash						

* 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

1,019.00

Total expenditures this event

Page Total \$ 569.00