Event Date	5/31/08
Page	1

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05				
Name of Committee in Full		D-1	Danka			
Dingus For Judge	G	ary Baker House	CONTRACTOR	D.1(2):		
Full Name of Contributor			Registration Number,	Registration Number, if PAC		
Friends for Ginther	Ir. 1	ti a-l Oti*	M D	Y Amount		
Street Address	Employer/Occupation/Labor Organization*		$\begin{vmatrix} M \\ 0 & 5 & 3 & 1 \end{vmatrix}$	E	50.00	
405 E. Town St.	Out To Out		Form(Cash,Check,etc		30.00	
Columbus	State H	Zip Code 43215	Check			
Columbus Full Name of Contributor		1 40210	Registration Number.	if PAC		
Joe Decker			Trogistic district of the second of the seco	,		
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y Amount		
2904 Crescent Dr	Improyer/occupation Education			)   8	50.00	
City	State	State Zip Code		c)	YMMARKE	
Columbus	ОН	43204	Check			
Full Name of Contributor			Registration Number	, if PAC	STORY STATE OF STATE OF STATE	
Cash						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount		
			0 5 3 1 0	0 8	14.00	
City	State	Zip Code	Form(Cash,Check,etc			
			Cash			
Full Name of Contributor			Registration Number	, if PAC	: *	
Gary Baker						
Street Address	Employer/Occupation/Labor Organization*		1 1 1	Y Amount		
2142 Staghorn Way	C-bus School Board			0 8	350.00	
City	State Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43123	Check			
Full Name of Contributor			Registration Number	, if PAC		
Robin Traxler						
Street Address	Employer/Occupation/Labor Organization*		1 1 1	Y Amount	20.00	
2930 Crescent Dr.				0 8	20.00	
City	State	Zip Code	Form(Cash,Check,et	c)		
Columbus	$O \mid H$	43204	Cash			
Full Name of Contributor			Registration Number	, if PAC		
Mark Leonard	ls 16		M D	Y Amount		
Street Address	Employer/Occupation/Labor Organization*		$\begin{bmatrix} 1 & 1 & 1 & 1 \\ 0 & 5 & 3 & 1 & 1 \end{bmatrix}$		25.00	
636 Lawson Dr.	State	Zip Code	Form(Cash,Check,et		23.00	
City YA7aataayyi11a	1 1 77	43081	Check			
Westerville Full Name of Contributor	O H 43081		Registration Number, if PAC			
			Registration (vanious	, 1		
Katherine Thompson Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount		
363 Demorest Rd	Employer/Occupation/Labor Organization		1 1 1	0   8	60.00	
City	State	Zip Code	Form(Cash,Check,et			
Columbus		O H 43204		Cash		
Columbus		1020 1				
Required for contributions from individuals over \$100 to statewing	le and general assembly candi	dates. If contributor is self-em	ployed, the occupation as	nd the name of the		

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	Total expenditures this event	
		Page Total \$569.00
1,019.00		

<sup>\*</sup> 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)]