

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		Tom Grote and Rick Neal	
Full Name of Contributor Chad Braun		Registration Number, if PAC	
Street Address 300 W Spring St, Ste 602	Employer/Occupation/Labor Organization* Doctor - Mt Carmel	M D Y 1 0 0 1 0 8	Amount 500.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard Gallagher		Registration Number, if PAC	
Street Address 373 W 6th St.	Employer/Occupation/Labor Organization* Ohio Thrift	M D Y 1 0 0 1 0 8	Amount 500.00
City Columbus	State Zip Code O H 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor Rajesh Lahoti		Registration Number, if PAC	
Street Address 110 Buttles Ave	Employer/Occupation/Labor Organization* Business Owner	M D Y 1 0 0 1 0 8	Amount 250.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Council		Registration Number, if PAC	
Street Address 108 Buttles Ave	Employer/Occupation/Labor Organization* Real Estate	M D Y 1 0 0 1 0 8	Amount 250.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Steven Schreibman		Registration Number, if PAC	
Street Address 16 Brunson Ave	Employer/Occupation/Labor Organization* Advertising	M D Y 1 0 0 1 0 8	Amount 250.00
City Columbus	State Zip Code O H 43203	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeff Mackey		Registration Number, if PAC	
Street Address 1538 Melrose Ave	Employer/Occupation/Labor Organization* Attorney - self	M D Y 1 0 0 1 0 8	Amount 250.00
City Columbus	State Zip Code O H 43224	Form(Cash,Check,etc) Check	
Full Name of Contributor Arletta Bowman		Registration Number, if PAC	
Street Address 6670 Clark State Rd	Employer/Occupation/Labor Organization* Equality Ohio	M D Y 1 0 0 1 0 8	Amount 50.00
City Blacklick	State Zip Code O H 43004	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

4,955.94

Total expenditures this event

Page Total \$ 2,050.00