

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 Richanne Zymkoski				Registration Number, if PAC	
Street Address 2128 Poplar St.	Employer/Occupation/Labor Organization* City of Columbus		M 0	D 2	Y 8
City Obetz	State O	Zip Code 43207	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Martin Baba				Registration Number, if PAC	
Street Address 4030 Longhill Rd.	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 8
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Greg Mitchell				Registration Number, if PAC	
Street Address 316 Monsarrat Dr.	Employer/Occupation/Labor Organization* Attorney		M 0	D 2	Y 8
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Patty Blake				Registration Number, if PAC	
Street Address 7050 Fayette	Employer/Occupation/Labor Organization* RW		M 0	D 2	Y 8
City West Jefferson	State O	Zip Code 43162	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Gary Tyack				Registration Number, if PAC	
Street Address 527 Pittsfield Dr	Employer/Occupation/Labor Organization* State of Ohio - Judge		M 0	D 2	Y 8
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Russ Goodwin				Registration Number, if PAC	
Street Address 103 E. First Ave.	Employer/Occupation/Labor Organization* Butler AHS		M 0	D 2	Y 8
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor Ron and Pamela Storm				Registration Number, if PAC	
Street Address 134 Kingsmeadow lane	Employer/Occupation/Labor Organization*		M 0	D 2	Y 8
City Blacklick	State O	Zip Code 43004	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

1,646.50

Total expenditures this event

\$335.49 Loan

Page Total \$ 420.00