

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Dingus for Judge</b>							
Full Name of Contributor <b>Michelle Banbury</b>						Registration Number, if PAC	
Street Address <b>19 N. High St.</b>			Employer/Occupation/Labor Organization* <b>Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Akron</b>	State <b>O</b>	Zip Code <b>H 44308</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Heather Conner</b>						Registration Number, if PAC	
Street Address <b>7197 Meadowlark Place</b>			Employer/Occupation/Labor Organization* <b>Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Rancho Cucamonga</b>	State <b>C</b>	Zip Code <b>A 91701</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Proceeds from Fundraiser - Office</b>						Registration Number, if PAC	
Street Address <b>N/A</b>			Employer/Occupation/Labor Organization* <b>N/A</b>			Form (Cash, Check, etc.) <b>N/A</b>	
City <b>N/A</b>	State <b>N</b>	Zip Code <b>A N/A</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>1,646.50</b>	
Full Name of Contributor <b>Proceeds from Fundraiser - Elligott</b>						Registration Number, if PAC	
Street Address <b>N/A</b>			Employer/Occupation/Labor Organization* <b>N/A</b>			Form (Cash, Check, etc.) <b>N/A</b>	
City <b>N/A</b>	State <b>N</b>	Zip Code <b>A N/A</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>1,970.00</b>	
Full Name of Contributor <b>Laborer's Intl Union of North Am Local 423 PCE</b>						Registration Number, if PAC	
Street Address <b>620 Alum Creek Dr</b>			Employer/Occupation/Labor Organization* <b>Labor Org</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>H 43205</b>	M <b>0</b>	D <b>3</b>	Y <b>3</b>	Amount <b>500.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

\* 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)]