31-E R.C. 3517.10(B)

Event Date	10/9/08
Page	3

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secre	etary of State 3/05			
Name of Committee in Full	\sim 1	ab 185			
Dingus For Judge	Ch	D = 1/2 (\$1 \$1 \$1	CDAC		
Full Name of Contributor			Registration Number, it	PAC	
Karen Howard			 	Amount	
Street Address	Employer/Occupat	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		35.00	
5378 York Lane S				8	33.00
City		Zip Code 43232	Form(Cash,Check,etc) Cash		
Columbus	OH	43232	Registration Number, in	S D A C	
Full Name of Contributor			Registration Number, i.	rac	
Street Address	Employer/Occupat	Employer/Occupation/Labor Organization*		Amount	
Street Address	Employer			8	
City	State	Zip Code	1 0 0 9 0 Form(Cash, Check, etc)		
Columbus	O H	anp con-	Check		
Full Name of Contributor			Registration Number, i	f PAC	
Fun Name of Controller					
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y	Amount	
and the state of t		•	1 0 0 9 0	8	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H		Check		
Full Name of Contributor					
			-3		
Street Address	Employer/Occupat	Employer/Occupation/Labor Organization*		Amount	
LE 2012			10090	8	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H		Check		
Full Name of Contributor			Registration Number, i	f PAC	
Street Address	Employer/Occupat	Employer/Occupation/Labor Organization*		Amount	
			1 0 0 9 0	8	
City		Zip Code	Form(Cash,Check,etc)		
Columbus	OH		Check		
Full Name of Contributor		Registration Number, if PAC			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y	B	
			10090	8	
City	i i	Zip Code	Form(Cash,Check,etc)		
Columbus			Check		
Full Name of Contributor			Registration Number, i	1 PAC	
	Employar/Qaarma	tion/Labor Organization*	M D Y	Amount	
Street Address	Етрюует Оссира	HOLF LADOI Organization	1 0 0 9 0		
Cin	State	Zip Code	Form(Cash,Check,etc)	9	
Columbus	_ : TT	Zip Code	Check		
Columbus	ГОП		1		
sequired for contributions from individuals over \$100 to	statewide and general assembly candi	dates. If contributor is self-e	employed, the occupation ar	nd the name of the	
ividual's business, if any, rather than employer should b	e listed. If two or more employees cor	stribute via payroll deduction	n and exceed the aggregate	of \$100, the labor	
anization of which the employees are members, if any,				,	
amzation of which the employees are members, if any,	musi appear. [r.c. 3317.10(13)(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	Total expenditures this event			
		Page Total \$	35.00	
1.530.00				

^{*} R