

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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|--|--|---|------------------------|
| Name of Committee in Full Dingus For Judge | | CAMELOT CELLARS | |
| Full Name of Contributor Julia Martono | | Registration Number, if PAC | |
| Street Address 3579 Gatawater Blvd | Employer/Occupation/Labor Organization* | M D Y 0 4 1 1 0 8 | Amount 75.00 |
| City New Albany | State Zip Code O H 43054 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Carl Ciardelli | | Registration Number, if PAC | |
| Street Address 440 Village Drive | Employer/Occupation/Labor Organization* | M D Y 0 4 1 1 0 8 | Amount 50.00 |
| City Columbus | State Zip Code O H 43214 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Greg Schlugbaum | | Registration Number, if PAC | |
| Street Address 440 Village Drive | Employer/Occupation/Labor Organization* | M D Y 0 4 1 1 0 8 | Amount 50.00 |
| City Columbus | State Zip Code O H 43214 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Brian Endicott | | Registration Number, if PAC | |
| Street Address 588 Chatham Rd | Employer/Occupation/Labor Organization* | M D Y 0 4 1 1 0 8 | Amount 50.00 |
| City Columbus | State Zip Code O H 43214 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Scott Irish | | Registration Number, if PAC | |
| Street Address 4466 Tuttlles Point Dr. | Employer/Occupation/Labor Organization* | M D Y 0 4 1 1 0 8 | Amount 50.00 |
| City Dublin | State Zip Code O H 43016 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Rick Edwards | | Registration Number, if PAC | |
| Street Address 442 West First Ave | Employer/Occupation/Labor Organization* | M D Y 0 4 1 1 0 8 | Amount 50.00 |
| City Columbus | State Zip Code O H 43201 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Wayne Henry | | Registration Number, if PAC | |
| Street Address 213 Powhatan | Employer/Occupation/Labor Organization* | M D Y 0 4 1 1 0 8 | Amount 50.00 |
| City Columbus | State Zip Code O H 43204 | 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

925.00

Total expenditures this event

Page Total \$ **375.00**