

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		Stonewall Columbus	
Full Name of Contributor Scott Hainer		Registration Number, if PAC	
Street Address 6200 Harbour Pt	Employer/Occupation/Labor Organization* 	M D Y 0 8 1 4 0 8	Amount 60.00
City Columbus	State Zip Code O H 43231	Form(Cash,Check,etc) Cash	
Full Name of Contributor Lori Tyack		Registration Number, if PAC	
Street Address 947 Clubview Blvd N	Employer/Occupation/Labor Organization* City of Columbus	M D Y 0 8 1 4 0 8	Amount 150.00
City Columbus	State Zip Code O H 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Snyder		Registration Number, if PAC	
Street Address 520 Chatham Rd	Employer/Occupation/Labor Organization* 	M D Y 0 8 1 4 0 8	Amount 40.00
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 8 1 4 0 8	Amount 35.00
City Columbus	State Zip Code O H 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Ira Sully		Registration Number, if PAC	
Street Address 844 South Front St.	Employer/Occupation/Labor Organization* 	M D Y 0 8 1 4 0 8	Amount 35.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeff Mackey		Registration Number, if PAC	
Street Address 1538 Melrose	Employer/Occupation/Labor Organization* Attorney - Self	M D Y 0 8 1 4 0 8	Amount 125.00
City Columbus	State Zip Code O H 43224	Form(Cash,Check,etc) Check	
Full Name of Contributor Jennifer Trompower		Registration Number, if PAC	
Street Address 965 Quay Ave., Apt E	Employer/Occupation/Labor Organization* 	M D Y 0 8 1 4 0 8	Amount 40.00
City Grandview	State Zip Code O H 43212	Form(Cash,Check,etc) Cash	

* 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

2,240.00

Total expenditures this event

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Page Total \$ 485.00