

# 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>Alex and Connie Pomerant</b>					Registration Number, if PAC		
Street Address <b>1258 Hage Dr.</b>		Employer/Occupation/Labor Organization* <b>Self Employed - Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43212</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>300.00</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 <b>Richard Levoff</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43201</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>50.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address <b>Richard Borrer</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>	State <b>O H</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>50.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address <b>Shawn Kocher</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>On-Line</b>		
City <b>Hilliard</b>	State <b>O H</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>15.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address <b>James King</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>On-Line</b>		
City <b>Worthington</b>	State <b>O H</b>	Zip Code <b>43085</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address <b>Pauline Mowery</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43221</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>50.00</b>	

\* 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)]

Page Total \$ **490.00**