

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		Wayne Henry	
Full Name of Contributor Kelly Herbster		Registration Number, if PAC	
Street Address 1773 Harrington Dr	Employer/Occupation/Labor Organization*	M D Y 0 9 3 0 0 8	Amount 25.00
City Columbus	State Zip Code O H 43229	Form(Cash,Check,etc) On-Line	
Full Name of Contributor Steve Dunn		Registration Number, if PAC	
Street Address 1728 N Peardale	Employer/Occupation/Labor Organization* Aramark - Starbucks	M D Y 0 9 2 6 0 8	Amount 100.00
City Columbus	State Zip Code O H 43229	Form(Cash,Check,etc) Check	
Full Name of Contributor Chris Metzger		Registration Number, if PAC	
Street Address 5482 Beresford St	Employer/Occupation/Labor Organization*	M D Y 0 9 2 6 0 8	Amount 25.00
City Canal Winchester	State Zip Code O H 43110	Form(Cash,Check,etc) Cash	
Full Name of Contributor Ron Jenkins		Registration Number, if PAC	
Street Address 832 Thurber Dr #7	Employer/Occupation/Labor Organization*	M D Y 0 9 2 6 0 8	Amount 25.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Carl Ciardelli		Registration Number, if PAC	
Street Address 440 Village Dr	Employer/Occupation/Labor Organization* Ross Labs	M D Y 0 9 2 6 0 8	Amount 100.00
City Columbus	State Zip Code O H 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Greg Schlaugbaum		Registration Number, if PAC	
Street Address 440 Village Dr	Employer/Occupation/Labor Organization* Mt Carmel	M D Y 0 9 2 6 0 8	Amount 100.00
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 Tuttle Point Dr	Employer/Occupation/Labor Organization*	M D Y 0 9 2 6 0 8	Amount 35.00
City Dublin	State Zip Code O H 43016	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

575.00

Total expenditures this event

Page Total \$ 410.00