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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					
Full Name of Contributor Linda Reibel				Registration Number, if PAC	
Street Address 39 Orchard Drive	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 19
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Rosemarie and David Welch				Registration Number, if PAC	
Street Address 3587 Greenville Drive	Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 19
City Lewis Center	State O	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor George and Ruth Daily				Registration Number, if PAC	
Street Address 2500 Gantz Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 19
City Grove City	State O	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Richard Termuhlen				Registration Number, if PAC	
Street Address 495 Columbus Place	Employer/Occupation/Labor Organization* Franklin County Prosecutor		M 0	D 3	Y 19
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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
1,970.00

Total expenditures this event
\$190.06 Like Kind

Page Total \$ **175.00**