Event Date	9/26/08
Page	2

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05					
Name of Committee in Full	Α.Τ.	·					
Dingus For Judge	W	ayne Henry	Registrati	on Numi	or if DA	C	
Full Name of Contributor			Registrati	on Num	er, a ra	C	
Wayne Henry			M	n 1	Y	Amount	
Street Address		Employer/Occupation/Labor Organization*		D 2	. 8	Amount	100.0
213 Powhatan		Colliers Turley	0 9 Form(Cas	2 6			100.0
City	State H	Zip Code 43204		Check			
Columbus		43204	Registrati			C	
Full Name of Contributor			Kegisiiaii	OII IVUIII		.0	
Tim Leonard	En-Jouey/Occup	ation/Labor Organization*	М	D	Y	Amount	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		2 6			40.0
8239 Coldharbor Blvd	State	Zip Code	Form(Cas	sh Check	etc)		10.0
City	I O H	43035		Check			
Lewis Center		43033	Registrati		CONTRACTOR OF THE PERSON OF TH	C	
Full Name of Contributor			Tropio.				
Jill Porosky	Employar/Occup	ation/Labor Organization*	$-\frac{1}{M}$	D	Y	Amount	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		2 6			25.0
5223 Parkcrest Lane	State	Zip Code	Form(Ca	sh.Check			
Coloredayo	OH	43220		Checl			
Columbus Full Name of Contributor		10220	Registrat	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TR	STATE OF THE OWNER, WHEN THE O	(C	
Full Name of Contributor					,		
Street Address	Employer/Occur	ation/Labor Organization*	М	D	Y	Amount	·····
Street Address	Employen overap			į			
Cit.	State	Zip Code	Form(Ca	sh,Check	(,etc)		
City	State		`				
Full Name of Contributor			Registrat	ion Num	ber, if PA	AC	
Full Name of Conditions							
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
Sheet Address							
City	State	Zip Code	Form(Ca	sh,Checl	(,etc)		
Chy	L L H H						
Full Name of Contributor			Registrat	ion Nur	ber, if P/	AC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)		
Full Name of Contributor			Registra	tion Nun	ber, if Pa	AC	
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount	
City	State Zip Code Fo			Form(Cash,Check,etc)			
equired for contributions from individuals over \$100 to sta	tewide and general assembly can	didates. If contributor is self-e	employed, the	occupat	ion and th	he name of the	
vidual's business, if any, rather than employer should be li	sted. If two or more employees c	ontribute via payroll deduction	n and exceed	the aggre	egate of \$	100, the labor	
nization of which the employees are members, if any, mu	ot oppoor (P.C. 3517 10/RV4)]						

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	Total expenditures this event		
		Page Total \$	165.00
575.00		<u> </u>	