

# Statement of Contributions Received

## at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Dingus For Judge</b>		Wayne Henry	
Full Name of Contributor <b>Wayne Henry</b>		Registration Number, if PAC	
Street Address <b>213 Powhatan</b>	Employer/Occupation/Labor Organization* <b>Mktg - Colliers Turley</b>	M   D   Y <b>0   9   2   6   0   8</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43204</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Tim Leonard</b>		Registration Number, if PAC	
Street Address <b>8239 Coldharbor Blvd</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   9   2   6   0   8</b>	Amount <b>40.00</b>
City <b>Lewis Center</b>	State   Zip Code <b>O   H   43035</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jill Porosky</b>		Registration Number, if PAC	
Street Address <b>5223 Parkcrest Lane</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   9   2   6   0   8</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43220</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State   Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State   Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State   Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State   Zip Code	Form(Cash,Check,etc)	

\* 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 \$ 165.00