

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 George Leach				Registration Number, if PAC			
Street Address 153 E. main St., Ste 210		Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1	Amount 50.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Cash	
Full Name of Contributor Lisa Slotnick				Registration Number, if PAC			
Street Address 169 E. Livingston Ave.		Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1	Amount 50.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Richard Parry				Registration Number, if PAC			
Street Address 6194 Busch Blvd, Ste 152		Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1	Amount 50.00
City Columbus		State O	H H	Zip Code 43229		Form(Cash,Check,etc) Check	
Full Name of Contributor Jason Despetorich				Registration Number, if PAC			
Street Address 5480 Winding Way, Apt H		Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1	Amount 50.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc)	
Full Name of Contributor Steve and Sara McIntosh				Registration Number, if PAC			
Street Address 799 Nob Hill Dr		Employer/Occupation/Labor Organization* Judge - Common Pleas		M 0	D 3	Y 1	Amount 100.00
City Gahanna		State O	H H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Max Sutton				Registration Number, if PAC			
Street Address 35 S. Park Place, Ste 201		Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1	Amount 50.00
City Newark		State O	H H	Zip Code 43055		Form(Cash,Check,etc) Check	
Full Name of Contributor Darrin Leist				Registration Number, if PAC			
Street Address 7956 Birch Creek Dr.		Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1	Amount 50.00
City Blacklick		State O	H H	Zip Code 43004		Form(Cash,Check,etc) Check	

* 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 \$ **400.00**