

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		Tom Grote and Rick Neal	
Full Name of Contributor Mark Morrow		Registration Number, if PAC	
Street Address 1 Miranova Place	Employer/Occupation/Labor Organization* Retired	M D Y 1 0 0 1 0 8	Amount 250.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) On-Line	
Full Name of Contributor Tom Grote		Registration Number, if PAC	
Street Address 982 Jaeger	Employer/Occupation/Labor Organization* Golden Light Consulting	M D Y 1 0 0 1 0 8	Amount 205.94
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Anthony Dascenzo		Registration Number, if PAC	
Street Address 1012 Hunter Ave	Employer/Occupation/Labor Organization* Dascenzo Creative	M D Y 1 0 0 1 0 8	Amount 250.00
City Columbus	State Zip Code O H 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor Ron Plymale		Registration Number, if PAC	
Street Address 504 Celeveland Ave	Employer/Occupation/Labor Organization* Plymale Law	M D Y 1 0 0 1 0 8	Amount 200.00
City Largo	State Zip Code F L 33770	Form(Cash,Check,etc) Check	
Full Name of Contributor Elliot Fishman		Registration Number, if PAC	
Street Address 960 Bryden Rd	Employer/Occupation/Labor Organization* VP - Ricochet Group	M D Y 1 0 0 5 0 8	Amount 100.00
City Columbus	State Zip Code O H 43205	Form(Cash,Check,etc) Check	
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

4,955.94

Total expenditures this event

Page Total \$ 1,005.94