

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		CAMELOT CELLARS	
Full Name of Contributor Dione		Registration Number, if PAC	
Street Address 310 E. High St.	Employer/Occupation/Labor Organization*	M D Y 0 4 1 1 0 8	Amount 50.00
City Ashley	State Zip Code O H 43003	Form(Cash,Check,etc) Check	
Full Name of Contributor Erica Thompson		Registration Number, if PAC	
Street Address 868 Tradewind Dr.	Employer/Occupation/Labor Organization*	M D Y 0 4 1 1 0 8	Amount 50.00
City Westerville	State Zip Code O H 43081	Form(Cash,Check,etc) Cash	
Full Name of Contributor Eric		Registration Number, if PAC	
Street Address 310 S. High St.	Employer/Occupation/Labor Organization*	M D Y 0 4 1 1 0 8	Amount 50.00
City Ashley	State Zip Code O H 43003	Form(Cash,Check,etc) Check	
Full Name of Contributor Gill Thompson		Registration Number, if PAC	
Street Address 868 Tradewind Dr.	Employer/Occupation/Labor Organization*	M D Y 0 4 1 1 0 8	Amount 50.00
City Westerville	State Zip Code O H 43081	Form(Cash,Check,etc) Cash	
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

925.00

Total expenditures this event

Page Total \$ **200.00**