Event Date	4/11/08
Page	1

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05					
Name of Committee in Full		AMELOT CELLA	DC				
Dingus For Judge	C.						
Full Name of Contributor			Registratio	n Numbe	er, it PAC	j	
Dione	Employer/Occup	ation/Lohor Organization*	М	D	Y	Amount	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			0 8	Amount	50.00
310 E. High St.	State	State Zip Code		ı,Check,e			30.00
Ashley	OH	43003	1 '	heck			
Full Name of Contributor		10000	Registratio			C.	
Erica Thompson							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	**************************************
868 Tradewind Dr.			0 4	$1 \mid 1 \mid$	0 8		50.00
City	State	Zip Code	Form(Cash		etc)		
Westerville	$O \mid H$	43081		Cash			
Full Name of Contributor			Registratio	on Numbe	er, if PA	C	
Eric							
Street Address	Employer/Occupa	ation/Labor Organization*	M	D	. 1	Amount	
310 S. High St.		<u> </u>			0 8	Galancia and an	50.00
City	State	Zip Code	Form(Cash				
Ashley	O H	43003	Walter and the second of the second	heck	COLOR DE L'ANDRE DE L'		
Full Name of Contributor			Registratio	on Numbe	er, if PA	С	
Gill Thompson			- ,, - 	ъ т	37	A	
Street Address	Employer/Occupa	ation/Labor Organization*	M	D	Y Olo	Amount	E0.00
868 Tradewind Dr.	C4-4-	7:- 0-4-	0 4 Form(Cash		0 8		50.00
City	State H	Zip Code 43081	1 '	n,check, Cash	eic)		
Westerville	ΙΟΙΠ	43001	Registratio		er if PA		
Full Name of Contributor			Registratic	JII INUIIIO	u, nin	C	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	
Succi Address	Employen Geeup				Î		
City	State	Zip Code	Form(Casl	h,Check,	etc)		
		'	,				
Full Name of Contributor			Registratio	on Numb	er, if PA	C	25.71 (10.10) (0.10)
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
						-	
City	State	Zip Code	Form(Casl	h,Check,	etc)		
				*******************	**********		
Full Name of Contributor			Registratio	on Numb	er, if PA	C	
			M				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zip Code	Form(Cas)	h,Check,	etc)		

1.0	stanside and general assembly 3	datas. If contributor is said and	mlayed the co-	constion	and the .	name of the	
equired for contributions from individuals over \$100 to statividual's business, if any, rather than employer should be li							
anization of which the employees are members, if any, mu		inioace via payron deduction a	ind checke tile	ssicsau	C OI WIO	, 410 14001	
amzanon or which the employees are members, it any, mu	or appear. [14.6. 3317.10(13)(4)]						
Fill in the boxes below only on the last page for this even	ıt.						

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 \$200.00
925.00		

^{*} Re indi