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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Dingus for Judge			n :	tion Numl	· · · · · · · · · · · · · · ·	C	***************************************	
Full Name of Contributor			Registra	tion Numi	oer, 11 PA	C		
Kelly O'Reilly			<u> </u>				-	
Street Address	1	tion/Labor Organization*				Form (Cash, Check,	etc.)	
446 Howland Dr	Attorney - Govt Policy Gr					On-Line		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43230	0 7	1 0	0 8	1	150.00	
Full Name of Contributor			Registra	tion Num	oer, if PA	С		
Russ Goodwin								
Street Address	Employer/Occupa	tion/Labor Organization*			HINDOO HOUSE	Form (Cash, Check, etc.)		
103 E. First Ave	Butler A	HS				On-Line		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43201	0 7	1 8	0 8	4	105.00	
Full Name of Contributor				tion Num			(*************************************	
Dianne and Gary Christy			Ü					
Street Address	Employer/Occups	ntion/Labor Organization*	L	<u> </u>		Form (Cash, Check,	etc.)	
1		Teacher - Cols Scho	ole			Check	,	
107 S. Spring Rd	State	Zip Code	T M	D	Y	Amount		
City		43081	0 7		0 8	rinoant	10.00	
Westerville	ОП	43001		2 8	AND ASSESSMENT OF THE PARTY OF	C	10.00	
Full Name of Contributor			Registra	inon ivuiii	001, 11 1 7			
Brett Warner	T	W. 1. C	<u>L</u>	***************************************		Form (Cash, Check,	ata \	
Street Address	Employer/Occupa	ation/Labor Organization*				1	etc.)	
120 E. Kanawha Ave			,	·		On-Line		
City	State	Zip Code	M	D	Y	Amount	25 00	
Columbus	OH	43214	0 8		0 8		25.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	.C		
Barbara Peacock								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check,	, etc.)	
7286 Snowberry Lane	Self - Rea	altor				Check		
City	State	Zip Code	М	D	Y	Amount		
Canal Winchester	OH	43110	0 8	1 7	0 8	1	100.00	
Full Name of Contributor		4	Registra	ition Num	ber, if PA	C.		
Melissa Fuhrman			I					
Street Address	Employer/Occupa	ation/Labor Organization*	- Barrer	OMBRIONIS (SANSANIAS)	***************************************	Form (Cash, Check.	, etc.)	
1129 Afton Rd						Check		
City	State	Zip Code	М	D	Y	Amount		
Upper Arlington	ОН	43221	0 8	1 8	กเล		35.00	
Full Name of Contributor		10421		ation Num				
			1		,			
Julia White	Translavan/Ossus	ation/Labor Organization*	1			Form (Cash, Check	etc.)	
Street Address	Employer/Occup	attoir Labor Organization				Check	, ((0.)	
1538 Arlington Ave		Ia: O)	T >4	T 5	Y	<u> </u>		
City	State	Zip Code	M	D	i .	Amount	E0.00	
Columbus	OH	43212	0 8	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	0 8		50.00	
Full Name of Contributor			Registra	ation Num	iber, if P	IC.		
Tom Grote			<u></u>					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
982 Jaeger St.	Donatos			Check				
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43206	0 8	2 0	0 8		100.00	

* 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)]

Page Total \$ 875.00	Page '	Total	\$	875.00
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