

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Dingus for Judge</b>							
Full Name of Contributor <b>Tony R. Davis</b>						Registration Number, if PAC	
Street Address <b>5893 Painted Leaf Drive</b>			Employer/Occupation/Labor Organization* <b>M/I Homes</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>New Albany</b>			State <b>O   H</b>		Zip Code <b>43054</b>		Amount <b>500.00</b>
Full Name of Contributor <b>Russell Goodwin</b>						Registration Number, if PAC	
Street Address <b>103 E. First Ave.</b>			Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43201</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Brett Warner</b>						Registration Number, if PAC	
Street Address <b>120 E. Kanawha Ave.</b>			Employer/Occupation/Labor Organization* <b>Self - Attorney</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43214</b>		Amount <b>50.00</b>
Full Name of Contributor <b>This Line Blank - ERROR</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		Amount
Full Name of Contributor <b>Advocate for Effective Public Administration - Vorys, Sater, Seymou</b>						Registration Number, if PAC <b>109</b>	
Street Address <b>52 E. Gay St.</b>			Employer/Occupation/Labor Organization* <b>PAC</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>			State <b>O   H</b>		Zip Code <b>43215</b>		Amount <b>150.00</b>
Full Name of Contributor <b>Contributions from Fundraising Event</b>						Registration Number, if PAC	
Street Address <b>N/A</b>			Employer/Occupation/Labor Organization* <b>N/A</b>			Form (Cash, Check, etc.)	
City <b>N/A</b>			State		Zip Code		Amount <b>1,900.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		Amount

\* 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 \$ 2,625.00