31-E R.C. 3517.10(B)

Event Date	10/9/08
Page	2

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by	Secr	retary of State 3/05						
Name of Committee in Full		C1	-1-105						
Dingus For Judge		Club 185			Registration Number, if PAC				
Full Name of Contributor				Registrat	ton Num	bei, ii i A	C		
Elliott and Ruth Tomes	lr 1 do		4: - /Y - han Omeonization*	М	D	Y	Amount		
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*			0 9		Amount	35.00	
8711 E 296th St	0. 1		7' 0-1-	Form(Ca				33.00	
City	State	V	Zip Code 46031		Sheck Check				
Atlanta		<b>V</b>	40031			ber, if PA	_		
Full Name of Contributor				Registrat	ion ivum	oci, ii i A	C		
Kyle Baker	I Francis or Oc		tion/Labor Organization*	М	D	Y	Amount		
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*		$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$		1	7 tillouin	35.00	
16716 Howe Rd	State		Zip Code	Form(Ca	sh Check			33.00	
City	i	F	44136		Checl			Maria de la companya	
Strongsville Full Name of Contributor			77100	<u> </u>		ber, if PA		and the same of th	
1				Registra	ion rum	001, 11 171	C		
Eileen Paley	TEmployor/Oc		tion/Labor Organization*	M	D	Y	Amount		
Street Address	Employer/Oc	сира	HOLD CADOL OTGANIZATION	1 0		0 8	, ,,,,,,	35.00	
668 Bellamy Place	State		Zip Code	Form(Ca				30.00	
Columbra	i	H	43213	1	Checl				
Columbus Full Name of Contributor		. 1	10210	<u> </u>	~~~~~	ber, if PA	.C		
				l			-		
Laurel Beatty Street Address	Employer/Oc	ecuna	tion/Labor Organization*	M	D	Y	Amount		
268 E. Gates	Zimpioy en oc	zeupu	alon balon organization		0 9	1 1		50.00	
City	State		Zip Code	Form(Ca	sh,Check	(.etc)		50.00	
Columbus		Н	43206		Checl				
Full Name of Contributor		1.	10200		NO. VICTORIAN CONTRACTORIAN CO	ber, if PA	.C		
Lynn Bartels									
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount			
2671 Bristol Rd	Zinproj en e c	Employer Goodpation Europ Organisation		1 0		0 8		50.00	
City	State		Zip Code	Form(Ca					
Upper Arlington	1	Н	43221	1	Chec!				
Full Name of Contributor				Registration Number, if PAC					
Abe Bahgat									
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount		
338 S High St				1 0	0 9	0 8		50.00	
City	State		Zip Code	Form(Ca	sh,Checl				
Columbus		Н	43215	,	Chec	k			
Full Name of Contributor					Registration Number, if PAC				
Wayne Henry									
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount		
213 Powhatan		Mktg - Colliers Turley Tuc		1 0	0 9	0 8		130.00	
City	State		Zip Code		sh,Chec				
Columbus		Н	43204		Chec!	k			
			<u> </u>	4		opi temperatura	The State of Chicago and State of Chicago and Chicago		

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	Total expenditures this event	
		Page Total \$385.00
1,530.00		

<sup>\*</sup> 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)]