Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Consolitor in E. II			***************************************		epperate a committee of the last			
Name of Committee in Full								
Dingus for Judge			Registrat	ion Mumb	oer if PA	C	***************************************	
Full Name of Contributor				Registration Number, if PAC				
Carl Heister	To 1 ::		<u> </u>	***************************************		Form (Coch Char	k etc)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1084 Amanda Northern Rd, NW			1	T		Check		
City	State	Zip Code	M	D		Amount	35.00	
Canal Winchester	OH	43110	0 8	2 0	0 8		33,00	
Full Name of Contributor			Registra	tion Numl	oer, if PA	C		
Michael Sheline								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	ck, etc.)	
912 Bernard Rd						On-Line		
City	State	Zip Code	М	D	Y	Amount	=0.00	
Ciolumbus	OH	43221	0 8	2 0	0 8		50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Todd Hellman								
Street Address	Employer/Occupation/Labor Organization*			,		Form (Cash, Check, etc.)		
971 Highland St	Snr. Director - Batelle					On-Line		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43201	0 8	2 0	0 8		250.00	
Full Name of Contributor	number of the second			tion Num		.С	2 Mary Section Control of the Contro	
Barb Sokol								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2346 Fishinger Rd	homemaker					Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43221	0 8	2 1	0 8		100.00	
Full Name of Contributor				tion Num		\C		
Chad Foust								
Street Address	Employer/Occupation/Labor Organization*				***************************************	Form (Cash, Che	ck, etc.)	
i e	Employer/Occupation/Labor Organization					Check	•	
1234 Park Dr	State	Zip Code	M	D	Y	Amount		
Calagraph	OH	43230		2 7	0 8	B .	35.00	
Gahanna		J 10400	and the same of th	tion Num	Annual Contract of the Contrac	Control of the last of the las	00,00	
Full Name of Contributor			1		, •• • •			
Michael Brown	Employar/Occur	nation/Labor Organization*	L			Form (Cash, Che	ck, etc.)	
Street Address	Employer/Occupation/Labor Organization* Self - Political Consultant					On-Line		
2034 Pinehurst Rd	Self - PO	Zip Code	M	D	ΙΥ	Amount		
City	C A			11		1	100.00	
Los Angeles		1 20000	Ragistr	tion Nur	her if P	.	100.00	
Full Name of Contributor			Registra	mon null	1001, 11 17	10		
Smith, Phillips & Assoc	In 1 20		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form (Cash Che	ck etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1225 Dublin Road	Law Firm		T 17	Check				
City	State	Zip Code	$\begin{bmatrix} M \\ 0 \end{bmatrix} 9$	D	Y	Amount	250.00	
Columbus	O H 43215						250.00	
Full Name of Contributor			Registra	ation Nun	noer, if P/	4C		
Kris Banvard		Water Street Control of the Control	<u> </u>	***************************************				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
6775 Alloway St. W				Check				
City	State	Zip Code	M	D	Y	Amount	E0.00	
Worthington	0 H	43085	0 9	1 3]0 8	<u>L</u>	50.00	

* 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 \$	870.00