

10

Event Date	3/19/08
Page	3

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Dingus For Judge							
Full Name of Contributor Wayne Henry				Registration Number, if PAC			
Street Address 213 Powhatan Ave		Employer/Occupation/Labor Organization* Marketing		M 0	D 3	Y 1	Amount 50.00
City Columbus		State O	Zip Code H 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor John & Cheryl Cianelli				Registration Number, if PAC			
Street Address 144 Keethler Dr., N.		Employer/Occupation/Labor Organization* Union		M 0	D 3	Y 1	Amount 35.00
City Westerville		State O	Zip Code H 43081	Form(Cash,Check,etc) Check			
Full Name of Contributor Frank & Marianne Macke				Registration Number, if PAC			
Street Address 370 E. Cooke Rd.		Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1	Amount 100.00
City Columbus		State O	Zip Code H 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Susan Ashbrook				Registration Number, if PAC			
Street Address 2994 Crescent		Employer/Occupation/Labor Organization* City of Columbus		M 0	D 3	Y 1	Amount 75.00
City Columbus		State O	Zip Code H 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor Russ Goodwin				Registration Number, if PAC			
Street Address 103 E. First Ave		Employer/Occupation/Labor Organization* Butler AHS		M 0	D 3	Y 1	Amount 50.00
City Columbus		State O	Zip Code H 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor Walter Gerhardstein, Jr.				Registration Number, if PAC			
Street Address 7100 N. High St. Ste 307		Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1	Amount 75.00
City Worthington		State O	Zip Code H 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Randal Reves				Registration Number, if PAC			
Street Address 5021 Francisco Place		Employer/Occupation/Labor Organization* Attorney		M 0	D 3	Y 1	Amount 100.00
City Columbus		State O	Zip Code H 43220	Form(Cash,Check,etc) Check			

* 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)]

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

1,970.00

Total expenditures this event

\$190.06 Like Kind

Page Total \$ 485.00