

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC			
Dingus For Judge		Gary Baker House Party			
Full Name of Contributor		Registration Number, if PAC			
Michael Cole					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
350 S. Huron Ave	CEO - Thoth Communicati	0	5	3	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43204	Cash		
Full Name of Contributor		Registration Number, if PAC			
Dan Stewart					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
947 Goodale Blvd, Ste 201	Ohio House of Representat	0	5	3	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43212	Check		
Full Name of Contributor		Registration Number, if PAC			
Zach Maniford					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4412 Fileway Dr.		0	5	3	25.00
City	State	Zip Code	Form(Cash,Check,etc)		
Grove City	O H	43123	Check		
Full Name of Contributor		Registration Number, if PAC			
Kathleen Hoke					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
646 S. Roys Ave.		0	5	3	50.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43204	Check		
Full Name of Contributor		Registration Number, if PAC			
Richard Pfeiffer					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
238 E. Royal Forest Blvd	Columbus City Attorney	0	5	3	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43214	Check		
Full Name of Contributor		Registration Number, if PAC			
Suzanne Laughlin					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2977 Palmetto St.		0	5	3	25.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43204	Check		
Full Name of Contributor		Registration Number, if PAC			
Everyone for Ed Leonard					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1858 Woodside Dr.		0	5	3	50.00
City	State	Zip Code	Form(Cash,Check,etc)		
Marysville	O H	43040	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

1,019.00

Total expenditures this event

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Page Total \$ <u>450.00</u>
