

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Dingus For Judge</b>					
Full Name of Contributor <b>Bill Hedrick</b>			Registration Number, if PAC		
Street Address <b>535 W. First Ave.</b>		Employer/Occupation/Labor Organization* <b>City of Columbus, Prosecut</b>		M   D   Y <b>0   2   1   2   0   8</b>	Amount <b>150.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Sharon Hickson</b>			Registration Number, if PAC		
Street Address <b>371 N. Main St</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   2   1   2   0   8</b>	Amount <b>50.00</b>
City <b>Mt. Gilead</b>		State <b>O   H</b>	Zip Code <b>43338</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Cash Contributions</b>			Registration Number, if PAC		
Street Address <b>N/A</b>		Employer/Occupation/Labor Organization* <b>N/A</b>		M   D   Y <b>0   2   1   2   0   8</b>	Amount <b>20.00</b>
City <b>N/A</b>		State	Zip Code	Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

\* 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  
**1,900.00**

Total expenditures this event  
**1,418.81**

Page Total \$ **220.00**