

Event Date	8/14/08
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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		Stonewall Columbus	
Full Name of Contributor Mark Laughlin		Registration Number, if PAC	
Street Address 7025 Brafferton Place	Employer/Occupation/Labor Organization*	M D Y 0 8 1 4 0 8	Amount 35.00
City Columbus	State Zip Code O H 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Shawnda Martin		Registration Number, if PAC	
Street Address 702 Neil Ave	Employer/Occupation/Labor Organization*	M D Y 0 8 1 4 0 8	Amount 40.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Benjamin Weiner		Registration Number, if PAC	
Street Address 381 1/2 W 3rd Ave.	Employer/Occupation/Labor Organization*	M D Y 0 8 1 4 0 8	Amount 35.00
City Columbus	State Zip Code O H 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor Bob Barnes		Registration Number, if PAC	
Street Address 709 Racine Ave	Employer/Occupation/Labor Organization* Alliance Data	M D Y 0 8 1 4 0 8	Amount 100.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Philip Miele		Registration Number, if PAC	
Street Address 4182 Times Square Blvd	Employer/Occupation/Labor Organization*	M D Y 0 8 1 4 0 8	Amount 50.00
City Dublin	State Zip Code O H 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeff Nottingham		Registration Number, if PAC	
Street Address 1047 Sunbury Road	Employer/Occupation/Labor Organization*	M D Y 0 8 1 4 0 8	Amount 40.00
City Columbus	State Zip Code O H 43219	Form(Cash,Check,etc) Cash	
Full Name of Contributor Bernadette Laughlin		Registration Number, if PAC	
Street Address 7025 Brafferton Place	Employer/Occupation/Labor Organization*	M D Y 0 8 1 4 0 8	Amount 35.00
City Columbus	State Zip Code O H 43235	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

2,240.00

Total expenditures this event

Page Total \$ 335.00