Event Date	2/12/08			
Page	2			

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05						
Name of Committee in Full								
Dingus For Judge								
Full Name of Contributor				Registration Number, if PAC				
Thomas Tootle								
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount		
5971 Hildenboro Drive	Self - Attorney		0 2		0 8		150.00	
City				sh,Check				
Dublin	OH	43017		Checl				
Full Name of Contributor			Registration Number, if PAC					
Mark Serrott								
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount		
502 S. Third St	Self - At	Self - Attorney			0 8		100.00	
City	State	Zip Code	,	sh,Check				
Columbus	OH	43205		Cash				
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Beth Gill								
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount		
90 E. Mitholl	Judge - 0	Judge - Common Pleas		1 2	0 8		150.00	
City	State	Zip Code	,	sh,Check				
Columbus	$O \mid H$	43206		Checl				
Full Name of Contributor		Registra	Registration Number, if PAC					
Sean Harris								
Street Address		Employer/Occupation/Labor Organization*		D	Y	Amount		
515 E. Main St., Suite 515	Kitrick,	<u> Lewis & Harris - A</u>			0 8		150.00	
City	State	Zip Code		sh,Checl				
Columbus	OH	43215		Check				
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Jill Porosky								
Street Address		Employer/Occupation/Labor Organization*		D	Y	Amount		
5223 Parkcrest Lane	Colliers, Turley, Tucker, Ma		0 2	1 2	0 8		30.00	
City	State	1		Form(Cash,Check,etc)				
Columbus	O H 43220		Check					
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Steven Dunn			l					
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
1728 Peardale Rd. N	Aramark - Barista		0 2	1 2	0 8		150.00	
City	State Zip Code			sh,Checl				
Columbus	$O \mid H$	43229		Chec!				
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Clint Hurles			ļ					
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
270 Thomas Ave.	unemployed			1 2			150.00	
City	State	State Zip Code		Form(Cash,Check,etc)				
Newark	$O \mid H$	43055	<u> </u>	Chec!	<u>k</u>			

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	Total expenditures this event	
		Page Total \$880.00
N/A	N/A	

^{*} 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)]