Event Date	10/1/08
Page	3

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

	Prescribed by Secr	retary of State 3/05				
Name of Committee in Full			. ~ 4			
Dingus For Judge	Tom Grote and Rick Neal					
Full Name of Contributor			Registration Num	ber, if PAC		
Kevin Tyler						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	m 0 0 0	
3162 Walden Ravines			1 0 0 1	0 8	50.00	
City	1 1	Zip Code	Form(Cash,Check			
Columbus	OH	43221	Checl	CONTRACTOR OF THE PARTY OF THE		
Full Name of Contributor			Registration Num	ber, if PAC		
Karla Rothan						
Street Address	Employer/Occupation/Labor Organization*		м D 1 0 0 1	Y Amount	400.00	
110 W 1st Ave		Stonewall Columbus			100.00	
City		Zip Code	Form(Cash,Check			
Columbus	OH	43201	Checl	C310/4/05/4/05/4/05/4/05/4/05/4/05/4/05/4/		
Full Name of Contributor			Registration Num	ber, if PAC		
Jason Calhoun			M D			
Street Address		Employer/Occupation/Labor Organization*		Y Amount	400.00	
65 Prive Ave	Self Employed		1 0 0 1		100.00	
City		Zip Code	Form(Cash,Check			
Columbus	l <sub>O</sub> H	43201	Checl	TO STORY OF THE PROPERTY OF TH	and the second	
Full Name of Contributor			Registration Num	ber, if PAC		
Steven Shellabarger			<u> </u>			
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	100.00	
845 N High St., 402	Self - Real Estate		1 0 0 1		100.00	
City	i i	Zip Code	Form(Cash,Check			
Columbus	O H 43215		Checl	THE RESERVE OF THE PARTY OF THE		
Full Name of Contributor			Registration Num	ber, if PAC		
Terry Penrod				r ,, r		
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	100.00	
362 W Hubbard Ave	Self Employed		1 0 0 1	0 8	100.00	
City		Zip Code	Form(Cash,Check			
Columbus	O H 43215		Check			
Full Name of Contributor			Registration Num	ber, if PAC		
Jeff Smith			1 3			
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	100.00	
773 Dennison Ave	Self-Employed		1 0 0 1	0 8	100.00	
City		Zip Code	Form(Cash,Check			
Columbus	O H	43215	Checl			
Full Name of Contributor			Registration Num	ber, if PAC		
Steve Farrell						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	150.00	
8 E. Broad St., 1001	Self-Employed - Consultan				150.00	
City	State Zip Code		Form(Cash,Check		100	
Columbus	O H	43215	On-Lii	ne l		
		11. YC 1 1 10				

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 \$ 700.00
4.955.94		

<sup>\*</sup> 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)]