

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 Democrats	
Full Name of Contributor Cash Contribution		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
		0 8 1 4 0 8	20.00
City	State Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor Cliff O'Neill		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
44 W. Russell St.		0 8 1 4 0 8	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43215	Cash	
Full Name of Contributor Mike Elligott		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
511 E. Jeffrey Place		0 8 1 4 0 8	35.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43214	Check	
Full Name of Contributor Eileen Paley		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
668 Bellamy Place		0 8 1 4 0 8	50.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43213	Check	
Full Name of Contributor Mark Hummer		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1795 Edgemont		0 8 1 4 0 8	35.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43212	Cash	
Full Name of Contributor Bill Hedrick		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
535 W. First Ave.	City of Columbus - Prosecu	0 8 1 4 0 8	200.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43215	Check	
Full Name of Contributor Jesse Curry		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
360 Sunnyview Dr.		0 8 1 4 0 8	60.00
City	State Zip Code	Form(Cash,Check,etc)	
Circleville	O H 43113	Cash	

* 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

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Page Total \$ 450.00