8/14/08
1

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

	Prescribed by Sec	retary of State 3/05		
Name of Committee in Full	~	11 7		
Dingus For Judge	Sto	newall Democrats		
Full Name of Contributor			Registration Number, if Pa	AC
Cash Contribution				T.
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			Registration Number, if Pa	AC
Cliff O'Neill	T.:		74 5	T
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y	Amount
44 W. Russell St.		la c	0 8 1 4 0 8 Form(Cash,Check,etc)	50.00
City	State	Zip Code	1	
Columbus	OH	43215	Cash	A.C.
Full Name of Contributor			Registration Number, if Pa	AC
Mike Elligott	Ts 1 /0	2	<u> </u>	TA account
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y	Amount 35.00
511 E. Jeffrey Place	C	77. 6.4.	0 8 1 4 0 8 Form(Cash,Check,etc)	33.00
City	State	Zip Code	Check	
Columbus	OH	43214	Registration Number, if P.	A C
Full Name of Contributor			Registration Number, if F	AC
Eileen Paley	In 1 /O		M D Y	Amount
Street Address	Employer/Occupation/Labor Organization*		1 1 1	
668 Bellamy Place	Class	7:- 0-4-	0 8 1 4 0 8 Form(Cash,Check,etc)	30.00
Calumiana	State	Zip Code 43213	Check	
Columbus	I O   H	43213	Registration Number, if P.	A.C.
Full Name of Contributor			Registration Number, ii r	AC
Mark Hummer	[F]/O	otion/Labon Opponization*	M D Y	Amount
Street Address	Employer/Occupation/Labor Organization*		1 1 1	· ·
1795 Edgemont	State	Zip Code	0 8 1 4 0 8	33.00
Calumatana	O H	43212	Cash	
Columbus	$\frac{1}{1}$	1 43212	Registration Number, if P.	A.C.
Full Name of Contributor			Registration Number, ir r	AC .
Bill Hedrick	Translavan/Ossum	ation/Labor Organization*	M D Y	Amount
Street Address	1		1 . 1 . 1 .	3
535 W. First Ave.	State	Columbus - Prosecu Izip Code	Form(Cash,Check,etc)	200.00
Calcara base	O H	43215	Check	
Columbus Full Name of Contributor	1 () 11	43213	Registration Number, if P.	A.C.
•			Registration Number, ir i	AC
Jesse Curry Street Address	Employer/Occurs	ation/Labor Organization*	M D Y	Amount
	Linployer/Occups	attors Daton Organization	0 8 1 4 0 8	
360 Sunnyview Dr.	State	Zip Code	Form(Cash,Check,etc)	00.00
Circleville	State	43113	Cash	
Circleville		10110	J Cash	
equired for contributions from individuals over \$100 to statewide and gen	eral assembly cand	lidates. If contributor is self-emp	loyed, the occupation and t	he name of the

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 \$450.00
2.240.00		

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)]