31-E
R.C. 3517.10(B)

Event Date 5/31/08
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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			Gary Baker House Party				
Full Name of Contributor				Registration Number, if PAC			
Michael Cole							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
350 S. Huron Ave	CEO - Thoth Communicatio			05	31	08	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43204		Cash			
Full Name of Contributor				Registration Number, if PAC			
Dan Stewart							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
947 Goodale Blvd, Ste 201	Ohio House of Representat			05	31	08	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43212		Check			
Full Name of Contributor				Registration Number, if PAC			
Zach Manifold							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
4412 Fileway Dr.				05	31	08	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
Grove City	OH	43123		Check			
Full Name of Contributor				Registration Number, if PAC			
Kathleen Hoke							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
646 S. Roys Ave.				05	31	08	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43204		Check			
Full Name of Contributor				Registration Number, if PAC			
Richard Pfeiffer							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
238 E. Royal Forest Blvd	Columbus City Attorney			05	31	08	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43214		Check			
Full Name of Contributor				Registration Number, if PAC			
Suzanne Laughlin							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2977 Palmetto St.				05	31	08	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43204		Check			
Full Name of Contributor				Registration Number, if PAC			
Everyone for Ed Leonard							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1858 Woodside Dr.				05	31	08	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Marysville	OH	43040		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: 1,019.00

Total expenditures this event:

Page Total $ 450.00