

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 Mark Serrott		Registration Number, if PAC	
Street Address 502 S. 3rd St.	Employer/Occupation/Labor Organization* Self - Attorney	M D Y 0 8 1 4 0 8	Amount 100.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Bill Woods		Registration Number, if PAC	
Street Address 1022 Blind Brook Dr.	Employer/Occupation/Labor Organization*	M D Y 0 8 1 4 0 8	Amount 50.00
City Columbus	State Zip Code O H 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Dwight Conner		Registration Number, if PAC	
Street Address 895 Beech St	Employer/Occupation/Labor Organization*	M D Y 0 8 1 4 0 8	Amount 35.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen Gunderman		Registration Number, if PAC	
Street Address 792 S. Washington Ave.	Employer/Occupation/Labor Organization*	M D Y 0 8 1 4 0 8	Amount 35.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Wayne Henry		Registration Number, if PAC	
Street Address 213 Powhatan	Employer/Occupation/Labor Organization* Collier, Turley... Marketing	M D Y 0 8 1 4 0 8	Amount 100.00
City Columbus	State Zip Code O H 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Kelly O'Reilly		Registration Number, if PAC	
Street Address 446 Howland Dr	Employer/Occupation/Labor Organization* Attorney - Govt Policy Gro	M D Y 0 8 1 4 0 8	Amount 150.00
City Columbus	State Zip Code O H 43230	Form(Cash,Check,etc) Check	
Full Name of Contributor Brian Shinn		Registration Number, if PAC	
Street Address 137 Morse Rd	Employer/Occupation/Labor Organization* Attorney - Secretary of Stat	M D Y 0 8 1 4 0 8	Amount 300.00
City Columbus	State Zip Code O H 43214	Form(Cash,Check,etc) On-Line	

* 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 \$ 770.00