Event Date	5/22/08
Page	1

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	eretary of State 3/05				
Name of Committee in Full						
Dingus For Judge	Tı	rial Lawyers Assoc				
Full Name of Contributor		Registration Number, if PAC				
Cash Contribution						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amou		
				2 0 8	20.00	
City	State	Zip Code	Form(Cash,Che	\$35000 \$1000		
			Casi			
Full Name of Contributor			Registration Nu	mber, if PAC		
Mark Miller			M D	Y Amor		
Street Address		Employer/Occupation/Labor Organization*			unt an Too	
555 City Park Ave		Attorney - Shaw and Miller		0 8	115.00	
City	State	Zip Code	Form(Cash,Che			
Columbus	$I_{O} \mid H$	43215	Chec	CONTRACTOR OF THE PARTY OF THE		
Full Name of Contributor			Registration Nu	Registration Number, if PAC		
Marc and Jennider Smith			M D			
Street Address	1	Employer/Occupation/Labor Organization*		Y Amo		
6426 Red Stone Loop		Attorney - Kohler & Smith		208	100.00	
City	State	Zip Code	Form(Cash,Che	\$2700 EXECUTE ST		
Dublin	$O \mid H$	43016	Che	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL		
Full Name of Contributor			Registration Nu	mber, if PAC		
Ray Critchett			M D		·········	
Street Address	1 ' '	Employer/Occupation/Labor Organization*		Y Amo		
1461 Tenagra Way		y - Plymale	0 5 2 2		100.00	
City	State	Zip Code	Form(Cash,Che	0000000000		
Columbus	l _O H	43228	Che		1000	
Full Name of Contributor			Registration Nu	mber, if PAC		
Brandi Critchett			M D	-1 ., I.		
Street Address		Employer/Occupation/Labor Organization*		Y Amo		
1461 Tenagra Way		TIAACREF		2 0 8	100.00	
City	State	Zip Code	Form(Cash,Che	B0540004000		
Columbus	I_{Ω} H	43228	Che			
Full Name of Contributor			Registration Nu	mber, if PAC		
John Johnson			MD	1 3/ 1/		
Street Address	1 ' '	Employer/Occupation/Labor Organization*		Y Amo		
501 S. High St.	Attorney - self		0 5 2 2		100.00	
City	State	Zip Code	Form(Cash,Che			
Columbus		43215	Che	The state of the s		
Full Name of Contributor			Registration Nu	mber, if PAC		
Ross & Midian			M D			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y Amo		
577 S. High St.		T	0 5 2 2	2 0 8	75.00	
City	State	Zip Code	Form(Cash,Che			
Columbus	OH	43215	Che	CK J		
6100 to 144	11. 1	didatas. If contributor is salf am	nlowed the occur	ution and the nam	a 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

Total contributions this event	Total expenditures this event	
		Page Total \$ 610.00
1.020.00		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, 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)]