

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		Trial Lawyers Association	
Full Name of Contributor Cash Contribution		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
		0 5 2 2 0 8	20.00
City	State Zip Code	Form(Cash,Check,etc)	
		Cash	
Full Name of Contributor Mark Miller		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
555 City Park Ave	Attorney - Shaw and Miller	0 5 2 2 0 8	115.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43215	Check	
Full Name of Contributor Marc and Jennider Smith		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
6426 Red Stone Loop	Attorney - Kohler & Smith	0 5 2 2 0 8	100.00
City	State Zip Code	Form(Cash,Check,etc)	
Dublin	O H 43016	Check	
Full Name of Contributor Ray Critchett		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1461 Tenagra Way	Attorney - Plymale	0 5 2 2 0 8	100.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43228	Check	
Full Name of Contributor Brandi Critchett		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1461 Tenagra Way	TIAACREF	0 5 2 2 0 8	100.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43228	Check	
Full Name of Contributor John Johnson		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
501 S. High St.	Attorney - self	0 5 2 2 0 8	100.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43215	Check	
Full Name of Contributor Ross & Midian		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
577 S. High St.		0 5 2 2 0 8	75.00
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43215	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

1,020.00

Total expenditures this event

--

Page Total \$ <u>610.00</u>
