## **Statement of Loans Received**

Page	

Prescribed by Secretary of State 3/05

				- 1030110			0.000					
Full Name of Committee Dingus for Judge												
From Whom Received M. Shawn Dingus									Prior Amount \$16,186.01			Amt. Incurred this Period \$0.00
Address 213 Powhatan Ave											y Com	Outstanding Balance \$16,186.01
City Columbus	St ate OH	Zip Code 43204		I.	Loan Pate	oans Received This Period Amount				F Date	This Period Amount	
Date Loan was originally Incurred	м 0 1	D 2 5	0 8	М	D	Y	s		М	D	Y.	\$
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organizat M. Shawn Dingus, Attorney	ion*			М	Đ	Y			M	D	Y	
From Whom Received				•		•	•		Prior Am	ount	<u> </u>	Amt. Incurred this Period
Address				_							How .	Outstanding Balance
City	St ate OH	Zip Code	:	Losus Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	N1	D	Y	М	D	Y	s		М	D	Y	\$
Registration Number, if PAC	<b>l</b> .		<u> </u>	М	D	Ý			М	D	Y	
Employer/Occupation/Labor Organizat	ion*			М	D	Ý			М	D	Y	
From Whom Received					1				Prior Am	ount		Amt. Incurred this Period
Address												Outstanding Balance
City	St ate OH	Zip Code	:	Loans Received This Period Date Amount					Payments This Períod Date Amount			
Date Loan was originally Incurred	M	D	Y	M	D	Y	s		М	D	Y	\$
Registration Number, if PAC	• • • • • • • • • • • • • • • • • • • •			M	D	Y		-	M	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y			M	D	Y		
* Required for contributions from	indíviduals o	ver \$100	to statewic	ie and go	i eneral as	sembly	candidat	es. It contribu	tor is self-	employe	d. the oc	cupation and the name of

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$\$16		
<sup>2</sup> Total received this period \$	\$0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$	\$0.00	(To Form No. 31-B)
4 Total Outstanding Balance \$	\$16,186.01	(To Form No. 30-A)

<sup>\*</sup> 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 also appear. [R.C. 3517.10(B)(4)]