31-C R.C. 3517.10

## **Statement of Loans Received**

Prescribed by Secretary of State 3/05

Full Name of Committee  DINGUS FOR 5	TUDG	K										
From Whom Received		<del>~~~~~~~~</del>		•			Prior An	nount		Amt. Incurred this Period		
DINGUS FOR JUDGIE From Whom Received MICHAEL S. DINGUS							16	186	.01	Outstanding Balance		
5893 PAINTED	LEA	FOR.								Outstanding Balance		
City NEW AIRAN	PAINTED LEAF OR.  SI SEE Zip Code  YLBAM OH 43054				Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	01	2508	M	D	Y	\$	М	D	Y	S ^		
originally Incurred	01	21500			<u>                                     </u>		1	1. 1	<u> </u>	$\mathcal{O}$		
Registration Number, if PAC				D	Y		M I	Ð	Y			
					li							
Employer/Occupation/Labor Organization*				D	Y		М	D	Y			
From Whom Received	·						Prior An	nouni	, .	Amt. Incurred this Period		
Address										Outstanding Balance		
City	St ate	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Amount					
	M	D Y	M	D	Y	\$	М	D	Y	\$		
Date Loan was					!	•	1		1 1			
originally incurred Registration Number, if PAC	<u> </u>		M	D	Y,		M	<del>  _ '</del>	<u> </u>			
Registration Number, in PAC												
Employer/Occupation/Labor Organization*				D	Y		М	D	Y			
From Whom Received			<u>!</u>	1	1 1	<u> </u>	Prior An	nount		Amt, Incurred this Period		
										1		
Address	-			•						Outstanding Balance		
City	St ate	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Amount					
<u> </u>	М	D Y	М	D	Y	S	M	D	Y	S		
Date Loan was originally incurred			1		li							
Registration Number, if PAC	<del>1</del> -	<del></del>	М	D	Y		М	D	Y			
						<u></u>				<u> </u>		
Employer/Occupation/Labor Organization*				Đ	Y		M	D	Y			
<ul> <li>Required for contributions from in the individual's business, if any, ra labor organization of which the em</li> </ul>	ther than er ployees an	nployer should be lis e members, if any, m	sted. If t rust also	wo or me	re emp [R.C. 3	loyees contribute via p 517.10(B)(4)]	ayroll dec	duction an	id exceed	the aggregate of \$100, the		
If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Tra Balance to the Cover page (For	nsfer total	of all payments m	talance ade in	" space this peri	Trans od to t	fer total of all loans he Statement of Expo	received enditures	this peris (Form l	iod to th No.31-E	e Statement of Other  B). Transfer Outstanding		
Total prior amount \$	86.0	/										
<sup>2</sup> Total received this period \$	0,0	) 0	(To F	orm No	. 31-A-	2)						
<sup>3</sup> Total payments this period \$_	0.	00	(	То Гоп	n No. 3	1-B)						
<sup>4</sup> Total Outstanding Balance \$	11. 1	81. 01		(To For	m No	3∩_A)						