Event Date	5/22/08				
Page	2				

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05	ATT 1 TO 1						
Name of Committee in Full									
Dingus For Judge	r Judge Trial Lawyers Association								
Full Name of Contributor					Registration Number, if PAC				
Logan Phillips			M	D					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount	(0.00		
35 East Livingston			0 5				60.00		
City	State	Zip Code	Form(C	ash,Check					
Columbus	$\mid _{\Omega}\mid \mathrm{H}$	43215		Cash	******************************				
Full Name of Contributor			Registra	ition Num	ber, ii P	10			
Jami Oliver	[rs 1 //0	i / / l - O conjection*	M	D	Y	Amount			
Street Address	1	Employer/Occupation/Labor Organization* NEED OCCUPATION State Zip Code		2 2	0 8	Amount	100.00		
7928 Cook Rd	State			ash,Check					
City City	O H	43064		Checl					
Plain City		43004	***************************************	tion Num	PARTICIPATION OF THE PARTICIPA	A.C.			
Full Name of Contributor			Registra	acon Hulli	, 11 17				
Terry Kilgore Street Address	Employer/Occur	pation/Labor Organization*	M	M D Y Amount					
3031 Birch Hollow Way	Employen Geed	Janoir Editor Organisation	0 5		l .		50.00		
City	State	Zip Code		ash,Checl			00.00		
Columbus	H	43231		Checl			145		
Full Name of Contributor			1	ition Num		A.C.			
Adam Nemann									
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount			
399 E. Welch Ave.		Attorney - Joseph E Scott C		2 2	0 8		100.00		
City	State	Zip Code		ash,Checl	k,etc)				
Columbus	$O \mid H$	43207		Chec!	k				
Full Name of Contributor			Registra	ation Num	ber, if P	AC			
Leo Zupan									
Street Address	1	Employer/Occupation/Labor Organization*		D	Y	Amount			
121 Sanctuary Ct.	Publish	er/President Cust			0 8		100.00		
City	State	Zip Code	1	ash,Chec					
Columbus	$O \mid H$	O H 43235		Check					
Full Name of Contributor	Registration Number, if PAC								
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount			
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
Full Name of Contributor			Registra	ation Nun	nber, if P.	AC			
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount			
Street Address	Employer/Occupations Cabor Organization								
City	State	Zip Code	Form(C	Cash,Chec	k,etc)				
		•							
				·					
equired for contributions from individuals over \$100 to state	wide and general assembly car	ndidates. If contributor is self-er	nployed, th	e occupat	ion and t	he name of the	e		
. Vidual's business, if any, rather than employer should be liste	ed. If two or more employees	contribute via payroll deduction	and exceed	the aggre	egate of S	100, the labor	•		
anization of which the employees are members, if any, must									

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	Total expenditures this event	
Total contributions this event	Total experiments and even	Page Total \$ 410 00
1 020 00		

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