

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Dingus For Judge</b>		Trial Lawyers Association	
Full Name of Contributor <b>Logan Phillips</b>		Registration Number, if PAC	
Street Address <b>35 East Livingston</b>	Employer/Occupation/Labor Organization* <b>NEED OCCUPATION</b>	M   D   Y <b>0   5   2   2   0   8</b>	Amount <b>60.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Jami Oliver</b>		Registration Number, if PAC	
Street Address <b>7928 Cook Rd</b>	Employer/Occupation/Labor Organization* <b>NEED OCCUPATION</b>	M   D   Y <b>0   5   2   2   0   8</b>	Amount <b>100.00</b>
City <b>Plain City</b>	State   Zip Code <b>O   H   43064</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Terry Kilgore</b>		Registration Number, if PAC	
Street Address <b>3031 Birch Hollow Way</b>	Employer/Occupation/Labor Organization* <b>NEED OCCUPATION</b>	M   D   Y <b>0   5   2   2   0   8</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43231</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Adam Nemann</b>		Registration Number, if PAC	
Street Address <b>399 E. Welch Ave.</b>	Employer/Occupation/Labor Organization* <b>Attorney - Joseph E Scott C</b>	M   D   Y <b>0   5   2   2   0   8</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43207</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Leo Zupan</b>		Registration Number, if PAC	
Street Address <b>121 Sanctuary Ct.</b>	Employer/Occupation/Labor Organization* <b>Publisher/President Custod</b>	M   D   Y <b>0   5   2   2   0   8</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43235</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State   Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M   D   Y	Amount
City	State   Zip Code	Form(Cash,Check,etc)	

\* 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 \$ 410.00