31-E
R.C. 3517.10(B)

Event Date 5/22/08
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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				Registration Number, if PAC			
Logan Phillips							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
35 East Livingston				05	22	08	60.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43215		Cash			
Full Name of Contributor				Registration Number, if PAC			
Jami Oliver							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
7928 Cook Rd	NEED OCCUPATION			05	22	08	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Plain City	OH	43064		Check			
Full Name of Contributor				Registration Number, if PAC			
Terry Kilgore							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
3031 Birch Hollow Way				05	22	08	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43231		Check			
Full Name of Contributor				Registration Number, if PAC			
Adam Nemann							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
399 E. Welch Ave.	Attorney - Joseph E Scott C			05	22	08	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43207		Check			
Full Name of Contributor				Registration Number, if PAC			
Leo Zupan							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
121 Sanctuary Ct.	Publisher/President Custor			05	22	08	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43235		Check			
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