FILED

Ohio Campaign Finance Report PM 12: 09

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY 30ARD OF ELECTIONS

Full Name of Committee Reg									Registration Number, if PAC				
Dingus for Jud	ge												
Full Name of Candidate													
Michael Shawr	n Dingus												
Street Address Office Sought										District			
5893 Painted Lea	<u>af Drive</u>					Judge-	<u>Comm</u>				<u>anklii</u>	<u>1 Cty</u>	
City								tate	Zip Cod				
New Albany						1	OH		430	54	1	I Maria	
Type of Report	Pre-Primary		Post-Primary			Pre-General		Post-General		X	Annual Year		
(place X to the left of report	July		[[August		September					Semiar	mua!	
type)	Monthly		Monthly			Monthly		Termination					
Amended Report?	J N.	Report Electr	-					M		D		Y	
∐ Yes 🗸	No No		Yes	✓ No	Date of	`Election	1	1	0	4	0	8	
check box. No other forms are	required at a post-p	primary or post	t-general p	eriod. if above sta	tement appli	es. See R.C. 3517.10)(H) for deta	ils.		7			
	1. Amount brought forward from last report												
	2, Total monetary contributions (From Form No. 31-A)					\$	\$						
	3. Total other income (From Form No. 34-A-2)					\$	\$						
	4. Total funds available (sum of lines 1, 2, 3) 5. Total monetary expenditures (From Form No. 31-B)					\$	0.00						
						\$			0.00				
		onperanto, ((, , , , , , , , , , , , , , , , , , ,			\$				l			
	6. Balance on han		0.00										
	7. Value of in-kin	\$	\$										
	8. Value of in-kind contributions made (From Form No. 31-J-2) 9. Outstanding toans owed by committee (From Form No. 31-C)												
								16,18	6 N1				
	10. Outstanding d	\$											
	<u> </u>	\$											
	11. Outstanding k	\$											
12. Value of independent expenditures made (From Form No. 31-U)						\$				l			
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period										ł			
	Sum of tines 2, 7	and amount Of	any new K	ans received this	period					I			
THE INFORMATION CONT COMMITS ELECTION FAI				_		1	SIFICATIO	N. WHO	EVER				

<u>Tony R. Davis, Treasurer</u> Signature 1/31/16 Print Name and Title (Treasurer and Deputy Treasurer only) Date Contribution Other Total Expenditure pages pages pages 0 pages 0 1 2