Page _	1

Statement of Loans Received

				Pre	scribed by	y Secreta	ry of Stat	e3/05						
Full Name of Committee				WHEN THE PROPERTY OF THE PROPE										
Dingus for Judge					030000000000000000000000000000000000000						***************************************	A . T	this Deviced	
From Whom Received										nount	(2.40	Amt. Incurred this Period		
M. Shawn Dingus	M. Shawn Dingus									9,0	63.49	8,000.00 Outstanding Balance		
Address 213 Powhatan Ave.												Outstanding B	17,063.49	
City	State	Zip Code	de Loans Received This Period						Payments This Period					
Columbus	OH	43204	4		Date			Amount		Dat	le	A	mount	
Date Loan was originally	M	D	Y	М	D	Y	\$		М	D	Y	\$		
Incurred	0 1	2 5	0 8	1 1	0 4	0 8	and the same of th	200	00					
Registration Number, if PAC	0 1	12.0	10 0	M	D	Y	1	·······	М	D	Y			
Registration (vulnoe), if TAC				1 0	2 2	0 8	900	600	00	Ì				
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y			
M. Shawn Dingus, Atto	rney													
From Whom Received							Particular supplementary		Prior Ar	nount	0.00	Amt. Incurred		
											0.00	O i i i i i i i i i	0.00	
Address												Outstanding E	0.00	
City	State	Zip Cod	e	Loans Received This Period Date Amount					Payments This Period Date Amount					
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$		
Registration Number, if PAC	L	J	<u></u>	М	D	Y			М	D	Y			
Employer/Occupation/Labor Organization*				M	D	Y	-		М	D	Y			

From Whom Received									Prior Ai	mount		Amt. Incurred	this Period	
Address								- Long House, Control of the Control				Outstanding E	3alance	
City	State	Zip Cod	e	Loans Received This Period Date Amount					Payments This Period Date Amount					
Date Loan was originally	М	D	Y	М	D	Y	\$		М	D	Y	S		
Incurred			<u> </u>			 			М	D	Y			
Registration Number, if PAC				М	D	Y			IVI					
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y				
* Required for contributions over \$100 to s if any, rather than employer should be liste the employees are members, if any, must a	d. If two	ormore ei	nployees	ily candidadonate via	ates. If co	ntributor eduction	is self-en	nployed, occupation of the aggregate of	on and the na	ame of the	individual	's business, which	Oligo alemana e e e e e e e e e e e e e e e e e e	
If a loan is forgiven, write "Forgiven" in th Transfer total of all payments made in this	e "Outsta period to	nding Ba	lance" spa ment of E	ce. Transt xpenditure	fer total of es (Form l	f all Ioans No. 31-B)	received Transfe	l this period to the or Total Outstandir	Statement o	f Other Ir	r page (For	m No. 31-A-2). m No. 30-A).		

1 Total prior amount \$	9,063.49
2 Total received this period \$	8,000.00 (To Form No. 31-A-2)
3 Total Payments this Period \$	0.00 (also record on Form 31-B
4 Total Outstanding Balance \$	17,063.49 (To Form No. 30-A)