

FILED

Ohio Campaign Finance Report

08 FEB 21 PM 12:14

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Dingus for Judge							Registration Number, if PAC			
Full Name of Candidate Michael Shawn Dingus										
Street Address 5893 Painted Leaf Drive						Office Sought Judge - Court of Commo		District Franklin Cty		
City New Albany							State O	H	Zip Code 43054	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
		July		August		September				Semiannual
		Monthly		Monthly		Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y
						1	1	0	4	0
										8

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	2,625.00
3. Total other income (From Form No. 31-A-2)	\$	2,833.32
4. Total funds available (sum of lines 1, 2, 3)	\$	5,458.32
5. Total monetary expenditures (From Form No. 31-B)	\$	1,712.65
6. Balance on hand (line 4 minus line 5)	\$	3,745.67
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	2,833.32
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Tony R. Davis, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Tony R. Davis

2/18/08
Date

Contribution pages 6

Expenditure pages 2

Other pages 0

Total pages 8

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Dingus for Judge							
Full Name of Contributor Tony R. Davis					Registration Number, if PAC		
Street Address 5893 Painted Leaf Drive		Employer/Occupation/Labor Organization* M/I Homes			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 1 2	D 1 1	Y 0 7	Amount 500.00	
Full Name of Contributor Russell Goodwin					Registration Number, if PAC		
Street Address 103 E. First Ave.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 1	D 0 8	Y 0 8	Amount 25.00	
Full Name of Contributor Brett Warner					Registration Number, if PAC		
Street Address 120 E. Kanawha Ave.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 1	D 2 5	Y 0 8	Amount 50.00	
Full Name of Contributor This Line Blank - ERROR					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* Self - Attorney			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Advocate for Effective Public Administration - Vorys, Sater, Seymou					Registration Number, if PAC 109		
Street Address 52 E. Gay St.		Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 2	D 1 3	Y 0 8	Amount 150.00	
Full Name of Contributor Contributions from Fundraising Event					Registration Number, if PAC		
Street Address N/A		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.)		
City N/A	State	Zip Code	M 0 2	D 1 2	Y 0 8	Amount 1,900.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Dingus For Judge			
Full Name of Contributor Donald Wick		Registration Number, if PAC	
Street Address 23 E. High St.	Employer/Occupation/Labor Organization* Don Wick, Attorney	M D Y 0 2 1 2 0 8	Amount 100.00
City Mt. Gilead	State Zip Code O H 43338	Form(Cash, Check, etc) Check	
Full Name of Contributor Christopher Minillo		Registration Number, if PAC	
Street Address 1500 W. Third Ave., Suite 210		Registration Number, if PAC	
Street Address 1500 W. Third Ave., Suite 210	Employer/Occupation/Labor Organization* Chris Minillo, Attorney	M D Y 0 2 1 2 0 8	Amount 100.00
City Columbus	State Zip Code O H 43212	Form(Cash, Check, etc) Check	
Full Name of Contributor Robert & Ella Stanley		Registration Number, if PAC	
Street Address 1711 Bellefonte Road		Registration Number, if PAC	
Street Address 1711 Bellefonte Road	Employer/Occupation/Labor Organization* Retired	M D Y 0 2 1 2 0 8	Amount 150.00
City Flatwoods	State Zip Code K Y 41139	Form(Cash, Check, etc) Check	
Full Name of Contributor Mark Granger		Registration Number, if PAC	
Street Address 132 Northwoods Blvd.		Registration Number, if PAC	
Street Address 132 Northwoods Blvd.	Employer/Occupation/Labor Organization* Granger Co. LPA - Attorne	M D Y 0 2 1 2 0 8	Amount 150.00
City Columbus	State Zip Code O H 43235	Form(Cash, Check, etc) Check	
Full Name of Contributor Mike Elligott		Registration Number, if PAC	
Street Address 511 E. Jeffrey Place		Registration Number, if PAC	
Street Address 511 E. Jeffrey Place	Employer/Occupation/Labor Organization* Self - Attorney	M D Y 0 2 1 2 0 8	Amount 150.00
City Columbus	State Zip Code O H 43214	Form(Cash, Check, etc) Check	
Full Name of Contributor Clint Helmbrecht		Registration Number, if PAC	
Street Address 5943 Wilderness Drive		Registration Number, if PAC	
Street Address 5943 Wilderness Drive	Employer/Occupation/Labor Organization* Self - Prospera Financial Gr	M D Y 0 2 1 2 0 8	Amount 50.00
City New Albany	State Zip Code O H 43054	Form(Cash, Check, etc) Check	
Full Name of Contributor Travis Faulk		Registration Number, if PAC	
Street Address 285 Gary Lee Drive		Registration Number, if PAC	
Street Address 285 Gary Lee Drive	Employer/Occupation/Labor Organization* Morthwestern Mutual Fina	M D Y 0 2 1 2 0 8	Amount 100.00
City Gahanna	State Zip Code O H 43230	Form(Cash, Check, etc) Check	

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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

Page Total \$ 800.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Dingus For Judge			
Full Name of Contributor Thomas Tootle		Registration Number, if PAC	
Street Address 5971 Hildenboro Drive	Employer/Occupation/Labor Organization* Self - Attorney	M D Y 0 2 1 2 0 8	Amount 150.00
City Dublin	State Zip Code O H 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Serrott		Registration Number, if PAC	
Street Address 502 S. Third St		Employer/Occupation/Labor Organization* Self - Attorney	
City Columbus	State Zip Code O H 43205	M D Y 0 2 1 2 0 8	Amount 100.00
		Form(Cash,Check,etc) Cash	
Full Name of Contributor Beth Gill		Registration Number, if PAC	
Street Address 90 E. Mitholl		Employer/Occupation/Labor Organization* Judge - Common Pleas	
City Columbus	State Zip Code O H 43206	M D Y 0 2 1 2 0 8	Amount 150.00
		Form(Cash,Check,etc) Check	
Full Name of Contributor Sean Harris		Registration Number, if PAC	
Street Address 515 E. Main St., Suite 515		Employer/Occupation/Labor Organization* Kitrick, Lewis & Harris - A	
City Columbus	State Zip Code O H 43215	M D Y 0 2 1 2 0 8	Amount 150.00
		Form(Cash,Check,etc) Check	
Full Name of Contributor Jill Porosky		Registration Number, if PAC	
Street Address 5223 Parkcrest Lane		Employer/Occupation/Labor Organization* Colliers, Turley, Tucker, M	
City Columbus	State Zip Code O H 43220	M D Y 0 2 1 2 0 8	Amount 30.00
		Form(Cash,Check,etc) Check	
Full Name of Contributor Steven Dunn		Registration Number, if PAC	
Street Address 1728 Peardale Rd. N		Employer/Occupation/Labor Organization* Aramark - Barista	
City Columbus	State Zip Code O H 43229	M D Y 0 2 1 2 0 8	Amount 150.00
		Form(Cash,Check,etc) Check	
Full Name of Contributor Clint Hurles		Registration Number, if PAC	
Street Address 270 Thomas Ave.		Employer/Occupation/Labor Organization* unemployed	
City Newark	State Zip Code O H 43055	M D Y 0 2 1 2 0 8	Amount 150.00
		Form(Cash,Check,etc) Check	

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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

Page Total \$ 880.00

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					
Full Name of Contributor Bill Hedrick				Registration Number, if PAC	
Street Address 535 W. First Ave.		Employer/Occupation/Labor Organization* City of Columbus, Prosecut		M D Y 0 2 1 2 0 8	Amount 150.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Sharon Hickson				Registration Number, if PAC	
Street Address 371 N. Main St		Employer/Occupation/Labor Organization*		M D Y 0 2 1 2 0 8	Amount 50.00
City Mt. Gilead		State O H	Zip Code 43338	Form(Cash,Check,etc) Check	
Full Name of Contributor Cash Contributions				Registration Number, if PAC	
Street Address N/A		Employer/Occupation/Labor Organization* N/A		M D Y 0 2 1 2 0 8	Amount 20.00
City N/A		State	Zip Code	Form(Cash,Check,etc) Cash	
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)	
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
1,900.00

Total expenditures this event
1,418.81

Page Total \$ 220.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Dingus For Judge							
Full Name Loans Received - from Statement of Loans Received				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount 2,833.32
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Dingus for Judge																			
From Whom Received M. Shawn Dingus						Prior Amount 0.00		Amt. Incurred this Period 2,828.00											
Address 213 Powhatan Ave.								Outstanding Balance 2,828.00											
City Columbus		State OH	Zip Code 43204			Loans Received This Period Date		Payments This Period Date											
						Amount		Amount											
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$							
		0	1	2	5	0	8		0	1	2	5	0	8	2500				
Registration Number, if PAC					M	D	Y		M	D	Y								
					0	2	0	5	0	8	328								
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y								
M. Shawn Dingus, Attorney																			
From Whom Received Tony Davis						Prior Amount 0.00		Amt. Incurred this Period 5.32											
Address 5893 Painted Leaf Drive								Outstanding Balance 5.32											
City New Albany		State OH	Zip Code 43054			Loans Received This Period Date		Payments This Period Date											
						Amount		Amount											
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$							
		0	2	1	2	0	8		0	2	1	2	0	8	5.32				
Registration Number, if PAC					M	D	Y		M	D	Y								
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y								
Internal Audit Director, M/I Homes																			
From Whom Received						Prior Amount		Amt. Incurred this Period											
Address								Outstanding Balance											
City		State	Zip Code			Loans Received This Period Date		Payments This Period Date											
						Amount		Amount											
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$							
Registration Number, if PAC					M	D	Y		M	D	Y								
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y								

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 2,833.32 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 2,833.32 (To Form No. 30-A)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Dingus for Judge												
To Whom Paid Hostmonster						M	D	Y	Amount			
Address Internet Vendor						0	1	1	6	0	8	83.40
Purpose Campaign web-site hosting fee												
City N/A						State N/A		Zip Code N/A		Check Number on-line pymt		
To Whom Paid Chase Bank						M	D	Y	Amount			
Address Hamilton Rd.						1	2	1	1	0	7	19.40
Purpose Checks for checking account												
City Columbus						State O H		Zip Code 43219		Check Number direct pymt		
To Whom Paid Expenditures for Fundraising Event						M	D	Y	Amount			
Address N/A						0	2	1	2	0	8	1,418.81
Purpose Campaign Kick-Off Fundraiser												
City N/A						State		Zip Code		Check Number N/A		
To Whom Paid CPCS						M	D	Y	Amount			
Address 1182 S. Front St.						0	1	3	0	0	8	510.00
Purpose Campaign Letterhead and Envelopes												
City Columbus						State O H		Zip Code 43206		Check Number Debit Card		
To Whom Paid Fast Signs						M	D	Y	Amount			
Address 205 E. Broad St						0	2	1	2	0	8	76.54
Purpose Table sign for fundraising events												
City Columbus						State O H		Zip Code 43215		Check Number Debit Card		
To Whom Paid Johnny Howard Design						M	D	Y	Amount			
Address jhdesigninc.com						0	2	1	2	0	8	377.00
Purpose Contribution Envelopes												
City Internet Vendor						State		Zip Code		Check Number Debit Card		
To Whom Paid						M	D	Y	Amount			
Address												
City						State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address												
City						State		Zip Code		Check Number		

Support
reference

(A)

(B)

SEE
REPORT

(C)

(D)

(E)

Event Date	<u>2/12/08</u> #####
Page	<u>1</u>

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Dingus for Judge								
To Whom Paid BoMa					M	D	Y	Amount
					0	2	1	2
					0	8		646.31
Address 595 E. Broad St.			Purpose Campaign Kick-Off Fundraiser					
City Columbus		State O	H	Zip Code 43215		Check Number Debit Card		
To Whom Paid CPCS					M	D	Y	Amount
					0	2	1	2
					0	8		772.50
Address 1182 S. Front Street			Purpose Fundraiser Invitations, Envelopes and RSVP's					
City Columbus		State O	H	Zip Code 43206		Check Number Debit Card		
To Whom Paid					M	D	Y	Amount
Address								
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address								
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address								
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address								
City		State		Zip Code		Check Number		

(F)

(G)

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>1,418.81</u>
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