

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Ronald Plymale Judge					
Full Name of Contributor Jeannie Wallace				Registration Number, if PAC	
Street Address 5240 Greensedge Way		Employer/Occupation/Labor Organization* Teacher		M 1	D 0
City Columbus		State OH	Zip Code 43220	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) Check #6316	
Full Name of Contributor Michael A Davis				Registration Number, if PAC	
Street Address 118 Norton Road		Employer/Occupation/Labor Organization* D.C.		M 1	D 0
City Columbus		State OH	Zip Code 43228	Y 2	Amount \$200.00
				Form (Cash, Check, etc.) Check 2342	
Full Name of Contributor Don Ruben				Registration Number, if PAC	
Street Address 165 E. Livingston Ave		Employer/Occupation/Labor Organization* LPA		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) Check 9457	
Full Name of Contributor Linda Leah Reibel				Registration Number, if PAC	
Street Address 39 Orchard Drive		Employer/Occupation/Labor Organization* Teacher		M 1	D 0
City Worthington		State OH	Zip Code 43085	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check 1108	
Full Name of Contributor Andrew D Walton				Registration Number, if PAC	
Street Address 546 E. Beck Street		Employer/Occupation/Labor Organization* LPA		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check 157	
Full Name of Contributor Dianne L. Kiener				Registration Number, if PAC	
Street Address 846 Summit Street		Employer/Occupation/Labor Organization* Self Empl. Housing		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) Check 9922	
Full Name of Contributor Ray Jeffries				Registration Number, if PAC	
Street Address 2867 Bellwood Avenue		Employer/Occupation/Labor Organization* LPA		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 2	Amount \$25.00
				Form (Cash, Check, etc.) Check 581	

* 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 also 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

Total expenditures this event.

\$1,400.00

\$200.00

Page Total \$ 675.00