Event Date	9/23/10	
Page 1	<del></del>	

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

	<u> </u>			·		
Name of Committee in Full Committee to Elect Ronald Plymale Jud	dae					
	~ <del>~</del>		M D	Y <sub>i</sub> Amount		
To Whom Paid Marshall's Wait Staff			1 1 1 1	\$30.00		
Address	Purpose		1-1-1-1-1	1		
Address 1105 West First Avenue	Fundraiser	Fundraiser for Campaign Tip				
City	Sta'te	Zip Code	Check Number	Check Number		
Columbus	ОН	i '				
To Whom Paid			M D	Y <sub> </sub> Amount		
Address	Purpose					
City	State	Zip Code	Check Number			
	ОН					
To Whom Paid			M D	Y Amount		
Address	Purpose					
	State	Zip Code	Check Number			
City	OH	.				
To Whom Paid			M D	Y Amount		
Address	Purpose			•		
	State	Zip Code	Check Number			
City	OH					
To Whom Paid			MD	Y Amount		
Address	Purpose					
		Tin Code	Check Number			
City	State OH	Zip Code	CHECK I VIIIIUCI			
To Whom Paid		<u> </u>	M D	Y Amount		
		_				
Address	Purpose					
	State	Zip Code	Check Number	Check Number		
City	OH	• • • • • • • • • • • • • • • • • • •				
fo Whom i'aid	1 - 1 - 1		M D	Y Amount		
Address	Purpose					
City	Sta te	Zip Code	Check Number			
; ·	OH					

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.

\$30.00
Page Total \$ \_\_\_\_\_