

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Ronald Plymale Judge									
To Whom Paid Marshall's Wait Staff						M	D	Y	Amount \$30.00
Address 1105 West First Avenue						Purpose Fundraiser for Campaign Tip			
City Columbus						State OH	Zip Code 43202		Check Number cash
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH	Zip Code		Check Number

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 \$