

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 David Nehlan				Registration Number, if PAC			
Street Address Denbigh Drive		Employer/Occupation/Labor Organization* unemployed		M 0	D 7	Y 2	Amount \$400.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) cash			
Full Name of Contributor cash				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount \$25.00
City		State OH	Zip Code	Form (Cash, Check, etc.) cash			
Full Name of Contributor cash				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount \$25.00
City		State OH	Zip Code	Form (Cash, Check, etc.) cash			
Full Name of Contributor cash				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M 0	D 6	Y 2	Amount \$20.00
City		State OH	Zip Code	Form (Cash, Check, etc.) cash			
Full Name of Contributor William J Lee				Registration Number, if PAC			
Street Address 704 Country club Drive Apple Valley		Employer/Occupation/Labor Organization* Retired		M 0	D 7	Y 1	Amount \$1.00
City Howard		State OH	Zip Code 43028	Form (Cash, Check, etc.) cash			
Full Name of Contributor Craig D Barclay				Registration Number, if PAC			
Street Address 175 S. Third Street, Suite 360		Employer/Occupation/Labor Organization* LPA		M 0	D 6	Y 2	Amount \$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Credit Card			
Full Name of Contributor John A Alton				Registration Number, if PAC			
Street Address 1382 Wind Rush Circle		Employer/Occupation/Labor Organization* LPA		M 0	D 6	Y 2	Amount \$300.00
City Blacklick		State OH	Zip Code 13004	Form (Cash, Check, etc.) Credit Card			

* 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

\$2,596.00

Total expenditures this event.

\$0.00Page Total \$ **\$1,021.00**