## **Statement of Other Income**

Page	1	
_		

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Committee to Elect Ronald Plymale Judg	je		
Full Name	Registration Number, if PAC		
Ronald E. Plymale		garini gara ist ya shiribaat saan iyo si saa	
Address 111 West Rich Street, Suite 600	Type* RE		0 9 2 7 1 0 \$354.58
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus Full Name	OH	43215	Check Registration Number, if PAC
run vante			Registration Number, in PAC
Address	Type* RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>	<u> </u>	Registration Number, if PAC
Address	Type*	A CONTRACTOR OF THE STATE OF TH	M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	<del>.</del>	•	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	4 1 32 94 W	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH_		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name		<u>'</u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zíp Code	Form (Cash, Check, etc.)

354.58

Page Total \$

<sup>\*</sup> 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, 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.