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

| Event Date 6/23/10 | |
|--------------------|--|
| Page <u>1</u> | |

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | |
|------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|-----------------------------------------|----------------------------|
| Committee to Elect Ronald Plymale Ju- Full Name of Contributor E. Ray & Brandi Critchett | Registration Number, if PAC | | | |
| Street Address 307 Donerail Avenue | Employer/Occupation/Labor Organization* | | 0 6 2 4 1 0 | Amount \$700.00 |
| City Powell | Stal te OH | Zip Code 13065 | Form (Cash, Check, etc.) Check #1132 | |
| Full Name of Contributor Damien Kitte | <u>'</u> | • | Registration Number, if P | AC |
| Street Address 2418 Woodstock Rd | Employer/Occupation/Labor Organization* Student | | 0 6 2 3 1 0 | Amount \$2 5.00 |
| City Columbus | Stal te OH | Zip Code 43221 | Form (Cash, Check, etc.) Check #2653 | |
| Full Name of Contributor Richard D Topper | | | Registration Number, if P | AC |
| Street Address 5132 Olentangy River Road | Employer/Occupation/Labor Organization* LPA | | 0 6 2 1 1 0 | Amount \$2 50.00 |
| City Columbus | Stal te OH | Zip Code 43235 | Form (Cash, Check, etc.) Check 9834 | |
| Full Name of Contributor John Fitch | | | Registration Number, if F | AC |
| Street Address 4200 Regent Street, Suite 200 | Employer/Occup. LPA | Employer/Occupation/Labor Organization* | | Amount \$150.00 |
| City Columbus | Staj te OH | Zip Code 43219 | Form (Cash, Check, etc.) Check 10700 | |
| Full Name of Contributor William Mann | | | Registration Number, if F | AC |
| Street Address 580 S. South High Street #200 | Employer/Occupation/Labor Organization* LPA | | $0^{\text{M}} 6 2 3 1 0$ | Amount \$100.00 |
| City Columbus | Stal te OH | Zip Code 13215 | Form (Cash, Check, etc.) Check 5002 | |
| Full Name of Contributor Michael Shawn Dingus | | | Registration Number, if F | |
| Street Address 213 Powhatan Avenue | ĹPA | | | Amount \$150.00 |
| City Columbus | OH Stal te | Zip Code 43204 | Form (Cash, Check, etc.) Check 1314 | |
| Full Name of Contributor Jane W. Peters | | | Registration Number, if F | |
| Street Address 284 Crossing Creek N | Media E | Employer/Occupation/Labor Organization* Media Buyer | | Amount \$200.00 |
| City Gahanna | Stal te OH | Zip Code 43230 | Form (Cash, Check, etc.) Check 2531 | |

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

\$2,596.00

Total expenditures this event.

\$0.00

\$1,575.00

^{*} 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)]