

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 94th Aero Squadron				M 1	D 0	Y 0	Amount \$91.64
Address 5030 Sawyer Road		Purpose Fundraiser for Campaign					
City Columbus	State OH	Zip Code 43219	Check Number cash				
To Whom Paid 94th Aero Squadron Wait Staff				M 1	D 0	Y 0	Amount \$18.36
Address 5030 Sawyer Road		Purpose Fundraiser for Campaign Tip					
City Columbus	State OH	Zip Code 43219	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.

\$110.00
Page Total \$