

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 Frederick T. Moses				Registration Number, if PAC	
Street Address 19538 Carroll Road	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 10
City Rockbridge	State OH	Zip Code 43149	Form (Cash, Check, etc.) Check		Amount \$175.00
Full Name of Contributor David C. Young				Registration Number, if PAC	
Street Address 495 S. High Street, Ste 400	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 10
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor The Gittes Law Group				Registration Number, if PAC	
Street Address 723 Oak Street	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 10
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) Check		Amount \$200.00
Full Name of Contributor Larry R Airhart				Registration Number, if PAC	
Street Address 587 Glenridge Pl	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 10
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Zach Lockhart				Registration Number, if PAC	
Street Address 3750 Rutledge Drive	Employer/Occupation/Labor Organization* Painter		M 0	D 8	Y 10
City Hillard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Cash		Amount \$200.00
Full Name of Contributor Allen J. Reis				Registration Number, if PAC	
Street Address 3250 Knoll Drive	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 10
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check 1566		Amount \$100.00
Full Name of Contributor Steven L. Ball				Registration Number, if PAC	
Street Address 1010 Old Henderson Road Suite 1	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 10
City Columbus	State OH	Zip Code 13220	Form (Cash, Check, etc.) Check 1228		Amount \$200.00

* 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)]

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

\$1,985.00

Total expenditures this event.

\$709.16

Page Total \$ **\$1,175.00**