

# 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 Morgan & Justice Co				Registration Number, if PAC		
Street Address 906 E. Broad Street		Employer/Occupation/Labor Organization* LPA		M	D	Y
City Columbus		State OH	Zip Code 43205	1	0	2
				2	2	1
				0	0	0
Amount \$75.00						
Form (Cash, Check, etc.) Check 23864						
Full Name of Contributor Michael A Moses						
Street Address 330 South High Street				Registration Number, if PAC		
Employer/Occupation/Labor Organization* LPA		M	D	Y	Amount	
City Columbus	State OH	Zip Code 43215	1	1	0	2
			2	1	0	0
Amount \$100.00						
Form (Cash, Check, etc.) Check 2233						
Full Name of Contributor James P Connors						
Street Address 221 S. High Street				Registration Number, if PAC		
Employer/Occupation/Labor Organization* LPA		M	D	Y	Amount	
City Columbus	State OH	Zip Code 43215	1	1	0	2
			2	1	0	0
Amount \$100.00						
Form (Cash, Check, etc.) Check 1972						
Full Name of Contributor Michael J Zaino						
Street Address 5775 Perimeter Drive, Suite 275				Registration Number, if PAC		
Employer/Occupation/Labor Organization* LPA		M	D	Y	Amount	
City Dublin	State OH	Zip Code 43017	1	0	2	5
			1	0	0	0
Amount \$100.00						
Form (Cash, Check, etc.) Cash						
Full Name of Contributor David L Humphrey						
Street Address 5775 Perimeter Drive, Suite 275				Registration Number, if PAC		
Employer/Occupation/Labor Organization* LPA		M	D	Y	Amount	
City Dublin	State OH	Zip Code 43017	1	0	2	5
			1	0	0	0
Amount \$100.00						
Form (Cash, Check, etc.) Cash						
Full Name of Contributor Andrew Klein						
Street Address 1090 Say Avenue				Registration Number, if PAC		
Employer/Occupation/Labor Organization* LPA		M	D	Y	Amount	
City Columbus	State OH	Zip Code 43201	1	0	2	9
			1	0	0	0
Amount \$50.00						
Form (Cash, Check, etc.) Credit Card						
Full Name of Contributor George Sarap						
Street Address 51 North High Street, Suite 781				Registration Number, if PAC		
Employer/Occupation/Labor Organization* LPA		M	D	Y	Amount	
City Columbus	State OH	Zip Code 43215	1	1	0	1
			1	0	0	0
Amount \$100.00						
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

Total expenditures this event.

\$1,400.00

\$200.00

Page Total \$ 625.00