

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 E. Ray & Brandi Critchett				Registration Number, if PAC	
Street Address 307 Donerail Avenue		Employer/Occupation/Labor Organization* LPA		M 0	D 6
City Powell		State OH	Zip Code 13065	Y 2	Amount \$700.00
Full Name of Contributor Damien Kifte				Registration Number, if PAC	
Street Address 2418 Woodstock Rd		Employer/Occupation/Labor Organization* Student		M 0	D 6
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$25.00
Full Name of Contributor Richard D Topper				Registration Number, if PAC	
Street Address 5132 Olentangy River Road		Employer/Occupation/Labor Organization* LPA		M 0	D 6
City Columbus		State OH	Zip Code 43235	Y 2	Amount \$250.00
Full Name of Contributor John Fitch				Registration Number, if PAC	
Street Address 4200 Regent Street, Suite 200		Employer/Occupation/Labor Organization* LPA		M 0	D 6
City Columbus		State OH	Zip Code 43219	Y 2	Amount \$150.00
Full Name of Contributor William Mann				Registration Number, if PAC	
Street Address 580 S. South High Street #200		Employer/Occupation/Labor Organization* LPA		M 0	D 6
City Columbus		State OH	Zip Code 13215	Y 2	Amount \$100.00
Full Name of Contributor Michael Shawn Dingus				Registration Number, if PAC	
Street Address 213 Powhatan Avenue		Employer/Occupation/Labor Organization* LPA		M 0	D 6
City Columbus		State OH	Zip Code 43204	Y 2	Amount \$150.00
Full Name of Contributor Jane W. Peters				Registration Number, if PAC	
Street Address 284 Crossing Creek N		Employer/Occupation/Labor Organization* Media Buyer		M 0	D 6
City Gahanna		State OH	Zip Code 43230	Y 2	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

\$2,596.00

Total expenditures this event.

\$0.00

\$1,575.00