

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 David Nehlan			Registration Number, if PAC	
Street Address Denbigh Drive	Employer/Occupation/Labor Organization* unemployed		M 0	D 7
City Columbus	State OH	Zip Code 43220	Y 2	Amount \$400.00
Full Name of Contributor cash			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount \$25.00
Full Name of Contributor cash			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount \$25.00
Full Name of Contributor cash			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount \$20.00
Full Name of Contributor cash			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount \$1.00
Full Name of Contributor William J Lee			Registration Number, if PAC	
Street Address 704 Country club Drive Apple Valley	Employer/Occupation/Labor Organization* Retired		M 0	D 7
City Howard	State OH	Zip Code 43028	Y 1	Amount \$1.00
Full Name of Contributor Craig D Barclay			Registration Number, if PAC	
Street Address 175 S. Third Street, Suite 360	Employer/Occupation/Labor Organization* LPA		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$250.00
Full Name of Contributor John A Alton			Registration Number, if PAC	
Street Address 1382 Wind Rush Circle	Employer/Occupation/Labor Organization* LPA		M 0	D 6
City Blacklick	State OH	Zip Code 13004	Y 2	Amount \$300.00
Full Name of Contributor			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

\$2,596.00

Total expenditures this event.

\$0.00