

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	Y 2
City Powell	State OH	Zip Code 13065	Amount \$700.00	Form (Cash, Check, etc.) Check #1132	
Full Name of Contributor Damien Kittle				Registration Number, if PAC	
Street Address 2418 Woodstock Rd	Employer/Occupation/Labor Organization* Student		M 0	D 6	Y 2
City Columbus	State OH	Zip Code 43221	Amount \$25.00	Form (Cash, Check, etc.) Check #2653	
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	Y 2
City Columbus	State OH	Zip Code 43235	Amount \$250.00	Form (Cash, Check, etc.) Check 9834	
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	Y 2
City Columbus	State OH	Zip Code 43219	Amount \$150.00	Form (Cash, Check, etc.) Check 10700	
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	Y 2
City Columbus	State OH	Zip Code 13215	Amount \$100.00	Form (Cash, Check, etc.) Check 5002	
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	Y 2
City Columbus	State OH	Zip Code 43204	Amount \$150.00	Form (Cash, Check, etc.) Check 1314	
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	Y 2
City Gahanna	State OH	Zip Code 43230	Amount \$200.00	Form (Cash, Check, etc.) Check 2531	

* 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.

\$0.00Page Total \$ **\$1,575.00**