Statement of Loans Received

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Page			

			Prescribed by	Secretary of	State 3/05			
Full Name of Committee Committee to Elect Ron	ald Plymale	- Judae			•			
From Whom Received Ronald Plymale					Prior Amount \$1,000		Antt. Incurred this Period \$0.00	
Address 231 Thurman Avenue				· · · · · · · · · · · · · · · · · · ·				Outstanding Balance \$1,000.00
City Columbus	Si ate OH	Zip Code 43206	Loans Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally Incurred	0 3	0 4 1 0	M D	Y	\$ \$0.00	M	D Y	\$ \$0.00
Registration Number, if PAC		•	M D	Y		M	D Y	
Employer/Occupation/Labor Organiz Plymale & Dingus	ration*		M D	Y		M 1	D Y	
From Whom Received Ronald Plymale						Prior Amount \$500.0		Amt. Incurred this Period \$0.00
Address 231 Thurman Avenue								Outstanding Balance \$500.00
City Columbus	St ate OH	Zip Code 43206	Date	aans Recei	ved This Period Amount	Dat		S This Period Amount
Date Loan was originally Incurred	0 3	2 0 1 0	M D	Y	S	M	P Y	\$0.00
Registration Number, if PAC		<u> </u>	M D	Y		М	D Y	
Employer/Occupation/Labor Organiz Plymale & Dingus	ration*		M D	Y		M _i	D Y	
From Whom Received					<u> </u>	Prior Amount		Amt. Incurred this Period
Address								Outstanding Balance
City	St ate OH	Zip Code	L Date	oans Recei	ved This Period Amount	Dat		s This Period Amount
Date Loan was originally Incurred Registration Number, if PAC	М	D Y	M D		2			S
Employer/Occupation/Labor Organia	zation*		M D	Y		M	D Y	
Required for contributions from the individual's business, if any labor organization of which the	, rather than en	npløyer should be l	isted. If two or	r more emp	ployees contribute via j	utor is self-em payroll deducti	ployed, the o	ccupation and the name ord the aggregate of \$100, to
If a loan is forgiven, write "F Income (Form No. 31-A-2). T Balance to the Cover page (F	orgiven" in t Fransfer total	he "Outstanding of all payments t	Balance" spa	ice. Trans	sfer total of all loans	received this enditures (Fo	s period to to orm No. 31-	he Statement of Other B). Transfer Outstandi

Total prior amount \$\$1,5	,	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
Total payments this period \$	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance S	\$1,500.00	(To Form No. 30-A)