

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 Paul Rodgers				Registration Number, if PAC	
Street Address 214 E. N. Broadway	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City Columbus	State OH	Zip Code 43214	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jack Salmons				Registration Number, if PAC	
Street Address 951 N.W. Blvd.	Employer/Occupation/Labor Organization* Self - Jack Salomns Heating & Cooling		M 0	D 5	Y 1
City Columbus	State OH	Zip Code 43212	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Contribution less than \$25.00				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City	State OH	Zip Code	Amount \$20.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Boich				Registration Number, if PAC	
Street Address 4435 Bellaire Avenue	Employer/Occupation/Labor Organization* Lawyer		M 0	D 5	Y 1
City Dublin	State OH	Zip Code 43017	Amount \$200.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Amount	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Amount	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Amount	Form (Cash, Check, etc.)	

* 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.

\$0.00
\$1,255.00

\$144 \$0.00

Page Total \$ 370.00