

# 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 Michelle McKinney				Registration Number, if PAC		
Street Address 3750 Rutledge Drive	Employer/Occupation/Labor Organization* Food & Bev. Server		M 0	D 9	Y 2310	Amount \$78.00
City Hillard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Money Order			
Full Name of Contributor Phillip B. Kaufman				Registration Number, if PAC		
Street Address 1979 Haverton Dr	Employer/Occupation/Labor Organization* LPA		M 0	D 9	Y 2310	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Porterwright Law Firm				Registration Number, if PAC		
Street Address 41 South High Street	Employer/Occupation/Labor Organization* LPA		M 0	D 9	Y 2410	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor William C. or Dianne L. Kiener				Registration Number, if PAC		
Street Address 846 Summit Street	Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 2310	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Adam Leonatti				Registration Number, if PAC		
Street Address 1311 W. 2nd Avenue	Employer/Occupation/Labor Organization* LPA		M 0	D 9	Y 2310	Amount \$100.00
City Grandview	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State OH	Zip Code	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

\$1,278.00

Total expenditures this event.

\$30.00

Page Total \$ 1,278.00