

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 Dustin Blake			Registration Number, if PAC		
Street Address 1524 Bendelow Drive	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 0
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Credit Card		Amount \$150.00
Full Name of Contributor Deborah Sue Roberts			Registration Number, if PAC		
Street Address 235 Buttles Avenue	Employer/Occupation/Labor Organization* Travel Agent		M 0	D 8	Y 0
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Credit Card		Amount \$10.00
Full Name of Contributor Robert L McCarty			Registration Number, if PAC		
Street Address P.O. Box 163638	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 1
City Columbus	State OH	Zip Code 43216	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Gerald T. Sunbury			Registration Number, if PAC		
Street Address 111 W. Rich Street, Suite 600	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 1
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor The Behal Law Group LLC			Registration Number, if PAC		
Street Address 501 S. High Street	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 1
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check #032431		Amount \$150.00
Full Name of Contributor James H. Bownas			Registration Number, if PAC		
Street Address 2245 Victoria Park Drive	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 1
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Carey Moomey			Registration Number, if PAC		
Street Address 13185 US Highway 62	Employer/Occupation/Labor Organization* LPA		M 0	D 8	Y 1
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check		Amount \$150.00

* 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

\$1,985.00

Total expenditures this event.

\$709.16

Page Total \$ **\$810.00**