Statement of Loans Received

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Page		

			Prescribed by Sec	retary of State 3/0	15			
Full Name of Committee Committee to Elect Ron	ald Plymale Jud	dge				4		· · · · · · · · · · · · · · · · · · ·
From Whom Received Ronald Plymale						Prior Amount \$1,000.00		Amt. Incurred this Period \$0.00
Address 231 Thurman Avenue								Outstanding Balance \$1,000.00
City Columbus	State Zip COH 432		Loans Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally Incurred	0 3 0	4 1 0	M D	\$ \$0.0	00	M D	Y	s \$0.00
Registration Number, if PAC			M D	Y		M D	Y	
Employer/Occupation/Labor Organization* Plymale & Dingus			M D	Y		M D	Y	
From Whom Received Ronald Plymale			· · · · · · · · · · · · · · · · · · ·			Prior Amount \$500.00		Amt. Incurred this Period \$0.00
Address 231 Thurman Avenue								Outstanding Balance \$500.00
City Columbus	St ate Zip C OH 432		Loans Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally incurred	0 3 2 D	0 1 0	M D	Y \$		MD	Y	\$ \$0.00
Registration Number, if PAC		_	M D	Y		M D	Y	
Employer/Occupation/Labor Organiz Plymale & Dingus	ation*		M D	Y		M D	Y	
From Whom Received						Prior Amount		Anit. Incurred this Period
Address								Outstanding Balance
City	St ate Zip (Code	Loans Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally Incurred	M D	Y	M D	Y \$		M D	Y	\$
Registration Number, if PAC			M D	Y		M D	Y	
Employer/Occupation/Labor Organization*			M D	Y		M D	Y	
* Required for contributions from	individuals over \$1	00 to statewid	e and general as	sembly candida	tes If contribut	or is self-employe	ed the occ	cupation and the name of

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total prior amount \$\$1,5			
² Total received this period \$	\$0.00	(To Form No. 31-A-2)	
³ Total payments this period \$	\$0.00	(To Form No. 31-B)	
⁴ Total Outstanding Balance \$	\$1,500.00	(To Form No. 30-A)	

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)]