

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Ronald Plymale Judge						
To Whom Paid 5th/3rd MasterCard				M 0	D 9	Amount \$354.58
Address P.O. Box 740789		Purpose Fundraiser Dinner Payment				
City Cincinnati	State OH	Zip Code 45274	Check Number 1018			
To Whom Paid Ronald E. Plymale				M 0	D 8	Amount \$354.58
Address 111 West Rich Street, Suite 600		Purpose Fundraiser Dinner Payment				
City Columbus	State OH	Zip Code 43215	Check Number 1010			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$709.16

Page Total \$