

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 Frederick T. or Molly A. Moses				Registration Number, if PAC	
Street Address 19538 Carroll Road		Employer/Occupation/Labor Organization* LPA		M 0	D 8
City Rockbridge		State OH	Zip Code 43149	Y 1	Amount \$175.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor David C. Young				Registration Number, if PAC	
Street Address 495 S. High Street, Ste 400		Employer/Occupation/Labor Organization* LPA		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor The Gittes Law Group				Registration Number, if PAC	
Street Address 723 Oak Street		Employer/Occupation/Labor Organization* LPA		M 0	D 8
City Columbus		State OH	Zip Code 43205	Y 0	Amount \$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Larry R or Sharon E Airhart				Registration Number, if PAC	
Street Address 587 Glenridge Pl		Employer/Occupation/Labor Organization* LPA		M 0	D 8
City Columbus		State OH	Zip Code 43214	Y 0	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Zach Lockhart				Registration Number, if PAC	
Street Address 3750 Rutledge Drive		Employer/Occupation/Labor Organization* Painter		M 0	D 8
City Hillard		State OH	Zip Code 43026	Y 1	Amount \$200.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Allen J. Reis				Registration Number, if PAC	
Street Address 3250 Knoll Drive		Employer/Occupation/Labor Organization* LPA		M 0	D 8
City Gahanna		State OH	Zip Code 43230	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check 1566					
Full Name of Contributor Steven L. Ball				Registration Number, if PAC	
Street Address 1010 Old Henderson Road Suite 1		Employer/Occupation/Labor Organization* LPA		M 0	D 8
City Columbus		State OH	Zip Code 13220	Y 2	Amount \$200.00
Form (Cash, Check, etc.) Check 1228					

* 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.

\$1,985.00

\$709.16

Page Total \$ 1,175.00