

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 Zach Lockhart			Registration Number, if PAC			
Street Address 3750 Rutledge Drive	Employer/Occupation/Labor Organization* Painter		M 1	D 0	Y 0	Amount \$70.00
City Hillard	State OH	Zip Code 43026	Form (Cash, Check, etc.) cash			
Full Name of Contributor Michelle McKinney			Registration Number, if PAC			
Street Address 3750 Rutledge Drive	Employer/Occupation/Labor Organization* Food & Bev. Server		M 1	D 0	Y 0	Amount \$50.00
City Columbus	State OH	Zip Code 43026	Form (Cash, Check, etc.) cash			
Full Name of Contributor Russell E Lamm			Registration Number, if PAC			
Street Address 3368 Olentangy River Road	Employer/Occupation/Labor Organization* LPA		M 1	D 0	Y 0	Amount \$50.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) Check			
Full Name of Contributor Barbara J Hadden			Registration Number, if PAC			
Street Address 943 Mulberry Drive	Employer/Occupation/Labor Organization* Housewife		M 1	D 0	Y 0	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor William C. or Dianne L. Kiener			Registration Number, if PAC			
Street Address 826 Summi Street	Employer/Occupation/Labor Organization* Retired		M 1	D 0	Y 0	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert P. or Janet L. Hannaway			Registration Number, if PAC			
Street Address 2340 Middlesex Road	Employer/Occupation/Labor Organization* Employment Recruiter		M 1	D 0	Y 0	Amount \$100.00
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert W Boich			Registration Number, if PAC			
Street Address 4435 Bellaire Ave	Employer/Occupation/Labor Organization* LPA		M 1	D 0	Y 1	Amount \$200.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check #6693			

* 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

\$770.00

Total expenditures this event

\$110.00

Page Total \$ **\$570.00**