

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 William S. Friedman				Registration Number, if PAC	
Street Address 76 Ashbourne Road	Employer/Occupation/Labor Organization* W.S. Friedman CPA/Accr		M 0	D 3	Y 3
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Jeffrey A. brown				Registration Number, if PAC	
Street Address 580 s. High Street	Employer/Occupation/Labor Organization* Crabbe Brown & James LPA/Lawyer		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor James E. Metz				Registration Number, if PAC	
Street Address 1271 E. Broad Street	Employer/Occupation/Labor Organization* J.E.Metz, DDS, Inc/Dentist		M 0	D 3	Y 3
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Stephen D. Plymale				Registration Number, if PAC	
Street Address 155 W. Main Street	Employer/Occupation/Labor Organization* OAG office/Attorney		M 0	D 4	Y 0
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$575.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

* 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

\$5,175.00

Total expenditures this event.

\$1,078.20Page Total \$ **\$1,025.00**