

# 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 Michelle McKinney						M	D	Y	Amount
						0	4	0	8
						1	0		\$165.00
Address 111 W. Rich Street, Suite 600				Purpose Refreshments and Food					
City Columbus		State OH		Zip Code 43215		Check Number 1031			
To Whom Paid Janet L Hannaway						M	D	Y	Amount
						0	3	2	5
						1	0		\$476.45
Address 140 East Town Street #1100				Purpose Postage/Envelopes/Lables					
City Columbus		State OH		Zip Code 43215		Check Number 1002			
To Whom Paid Central Ohio Association for Justice						M	D	Y	Amount
						0	3	0	5
						1	0		\$25.00
Address 37 W. Broad Street, Suite 480				Purpose					
City Columbus		State OH		Zip Code 43215		Check Number 1001			
To Whom Paid Johnny Howard						M	D	Y	Amount
						0	3	1	8
						1	0		\$411.75
Address 9600 Fireside Drive				Purpose Contributor/Volunteer envelopes printed					
City Glen Allen		State VA		Zip Code 23060		Check Number 1003			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH		Zip Code		Check Number			
To Whom Paid						M	D	Y	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.

\$1,078.20

Page Total \$