3	1-F	
R.	C. 3517.1	0

Event Date	10/25/10
Page 1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

N 20 " 1 2 1							
Name of Committee in Full Committee to Elect Ronald Plymale Ju	ıdge						
To Whom Paid			M D Y	Amount			
Michael Sutherland			1 0 2 5 1 0	\$160.00			
Address Purpose							
1354 Saddle Ridge Lane	1354 Saddle Ridge Lane Entertainment						
City	Sta] te	Zip Code	Check Number				
Worthington	OH	43085	cash				
To Whom Paid		····	M D Y	Amount			
Union Food + Cafe Servers			1 0 2 5 1 0	\$70.00			
Address Purpose							
782 N. High Street		Wait Staff Tip					
City	Sta te	Zip Code	Check Number				
Columbus	OH	43215					
To Whom Paid			M D Y	Amount			
Address	Purpose	Purpose					
City	Stajte OH	Zip Code	Check Number				
To Whom Paid			M D Y	Amount			
				i			
Address	Purpose			.			
City	State OH	Zip Code	Check Number				
To Whom Paid			M D Y ₁	Amount			
Address	Purpose		<u> </u>	1			
City	Stalte 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	Starte 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.

\$230.00
Page Total \$