

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 Dianne L. Kiener			Registration Number, if PAC	
Street Address 846 Summit Street	Employer/Occupation/Labor Organization* Hairdresser		M D Y 0 5 0 5 1 0	Amount \$25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Harry J. Knowles			Registration Number, if PAC	
Street Address 74 Mill Street	Employer/Occupation/Labor Organization* Retired		M D Y 0 5 0 5 1 0	Amount \$50.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor William W. Lamkin			Registration Number, if PAC	
Street Address 500 S. Front Street, Suite 200	Employer/Occupation/Labor Organization* Lawyer		M D Y 0 4 2 0 1 0	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Katherine Giacomelli Butcher			Registration Number, if PAC	
Street Address 413 Mulberry Way West	Employer/Occupation/Labor Organization* Lawyer		M D Y 0 4 2 6 1 0	Amount \$100.00
City Westerville	State OH	Zip Code 42082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer L. Maloon			Registration Number, if PAC	
Street Address 4785 Township Road 213	Employer/Occupation/Labor Organization*		M D Y 0 4 2 6 1 0	Amount \$100.00
City Marengo	State OH	Zip Code 43334	Form (Cash, Check, etc.) Check	
Full Name of Contributor Larry R Airhart			Registration Number, if PAC	
Street Address 587 Glenridge Place	Employer/Occupation/Labor Organization*		M D Y 0 5 0 1 1 0	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

\$1,255.00

Total expenditures this event.

\$144.00

Page Total \$ **\$425.00**