

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Ronald Plymale Judge							
Full Name Loan Received from Form 31c						Registration Number, if PAC	
Address 111 W. Rich Street, Suite 600		Type* LN				M 0	D 3
City Columbus		State OH		Zip Code 43215		Y 0	Amount \$1,500.00
Form (Cash, Check, etc.) Check							

Full Name							
Address						Registration Number, if PAC	
Address		Type* RE				M	D
City		State OH		Zip Code		Y	Amount
Form (Cash, Check, etc.)							

Full Name							
Address						Registration Number, if PAC	
Address		Type* RE				M	D
City		State OH		Zip Code		Y	Amount
Form (Cash, Check, etc.)							

Full Name							
Address						Registration Number, if PAC	
Address		Type* RE				M	D
City		State OH		Zip Code		Y	Amount
Form (Cash, Check, etc.)							

Full Name							
Address						Registration Number, if PAC	
Address		Type* RE				M	D
City		State OH		Zip Code		Y	Amount
Form (Cash, Check, etc.)							

Full Name							
Address						Registration Number, if PAC	
Address		Type* RE				M	D
City		State OH		Zip Code		Y	Amount
Form (Cash, Check, etc.)							

Full Name							
Address						Registration Number, if PAC	
Address		Type* RE				M	D
City		State OH		Zip Code		Y	Amount
Form (Cash, Check, etc.)							

Full Name							
Address						Registration Number, if PAC	
Address		Type* RE				M	D
City		State OH		Zip Code		Y	Amount
Form (Cash, Check, etc.)							

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

1,500.00
Page Total \$