Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full				Company Mindle Co.		***************************************				
Committee to Elect Ronald Plymale Judge							Nu or			
Full Name Loan Received from Form 31c				Registration Number, if PAC						
Address 111 W. Rich Street, Suite 600	Type*		м 0 3	1i		1 (0	Amount \$1,500.00		
City Columbus	State OH	Zíp Code 43215	Form (C Check	k	H-NOVADANA	00075000000000				
Full Name				Registration Number, if PAC						
Address	Type*		М	D		Y		Amount		
City	State OH	Zip Code	Form (C	-11/4/12/12/00/00/00/00/00/00/00/00/00/00/00/00/00		North was				
Full Name					Num	iber, i	f PA	.C		
Address	Type*		М	D		Y		Amount		
City	State OH	Zip Code	Form (C		MWS	www.comedition				
Full Name					Num	ıber, i	f PA	ı.C		
Address	Type*		М	D		Y		Amount		
City	State OH	Zip Code	Form (0			***************************************				
Full Name				ation	Nun	iber,	if PA	AC		
Address	Type* RE		M	E		Y		Amount		
City	Sta te OH	Zip Code	Form (
Full Name					Registration Number, if PAC					
Address	Type*		M			Y		Amount		
City	State OH	Zip Code	Ì.	Form (Cash, Check, etc.)						
Full Name			Registration Number, if PAC							
Address	Type*		M)	Y		Amount		
City	State OH	Zip Code	ì	Form (Cash, Check, etc.)						
Il Name				Registration Number, if PAC						
Address	Type*		M			Y		Amount		
City	State OH	Zip Code	Form (Form (Cash, Check, etc.)						

1,500.00
Page Total \$ _____

^{*} 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.