Statement of Loans Received

Page ____

Prescribed by Secretary of State 3/05

E IIV					_			_		·	
Full Name of Committee Committee to Elect Ronald	l Plymal	e Judge									
From Whom Received Ronald Plymale								10unt 000.00		Amt. Incurred this Period \$0.00	
Address 231 Thurman Avenue		_						7 7 55 15 2- 5- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3-		Outstanding Balance \$1,000.00	
City Columbus	St ate OH	Zip Code 43206		Loans Received This Period Date Amo			Payments This Period Date Amount				
Date Loan was originally Incurred	0 3	$\begin{bmatrix} 0 & 4 & 1 & 0 \end{bmatrix}$	M	D	Y	\$ \$0.00	M	D	Y	\$0.00	
Registration Number, if PAC			М	D	Y		M	D	Y		
Employer Occupation/Labor Organizatio Plymale & Dingus	n*		M	D	Y		M	D	Y		
From Whom Received Ronald Plymale				<u> </u>			Prior Amount \$500.00			Amt. Incurred this Period \$0.00	
Address 231 Thurman Avenue Outstanding Balance \$500.00											
City Columbus	St ate OH	Zip Code 43206		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred	0 3	2 0 1 0	M	D	Y	\$	M	D	Y	\$ \$0.00	
Registration Number, if PAC			M	D	Y		M	D	Y		
Employer:Occupation/Labor Organization* Plymale & Dingus			M	D	Y		M	D	Y		
From Whom Received						- 1	Prior An	ount		Amt, Incurred this Period	
Address								Outstanding Balance			
City	St ate OH	Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	M	D Y	М	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC			M	D	Y	l	M	D	Ý		
Employer/Occupation/Labor Organization*			M	Đ	Y		M	D	Y		
* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of											

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total prior amount \$\$1,	_	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$1,500.00	(To Form No. 30-A)

^{*} 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)]