

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 Rhonda Nein			Registration Number, if PAC	
Street Address 2291 Scioto Harper Drive	Employer/Occupation/Labor Organization* Nein Law Office/Lawyer		M D Y 0 4 0 8 1 0	Amount \$250.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert W Kersack			Registration Number, if PAC	
Street Address 655 Metro Place South, Suite 255	Employer/Occupation/Labor Organization* Robert W Kersack Co., LPA/Lawyer		M D Y 0 4 0 8 1 0	Amount \$100.00
City Columbus	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scott Elliot Smith			Registration Number, if PAC	
Street Address 6235 Enterprise Court	Employer/Occupation/Labor Organization* Scott Elliot Smith LPA/Lawyer		M D Y 0 4 0 8 1 0	Amount \$150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Paul O. Scott			Registration Number, if PAC	
Street Address 300 W. Spring St, Unit 1001	Employer/Occupation/Labor Organization* Paul O. Scott, LPA/Lawyer		M D Y 0 4 0 8 1 0	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joseph A. Kelly			Registration Number, if PAC	
Street Address 118 E. Main Street	Employer/Occupation/Labor Organization* Kelly Law Office, L.L.C./Lawyer		M D Y 0 4 0 8 2 0	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carey Moomey			Registration Number, if PAC	
Street Address 13185 U.S. 62	Employer/Occupation/Labor Organization* N/A		M D Y 0 4 0 8 1 0	Amount \$250.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Penny Jo Zupp			Registration Number, if PAC	
Street Address 7341 Columbus Road, S.W.	Employer/Occupation/Labor Organization* 		M D Y 0 4 0 8 1 0	Amount \$50.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	

* 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

--	--

Total expenditures this event.

--	--

Page Total \$	\$1,300.00
---------------	-------------------