

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

10 JUN 11 PM 3:46

Full Name of Committee Committee to Elect Ronald Plymale Judge						Registration Number, if PAC 2010	
Full Name of Candidate Ronald E. Plymale							
Street Address 111 West Rich Street, Suite 600				Office Sought Common Pleas Court Judge		District	
City Columbus				State OH		Zip Code 43215	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> 2010 Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		05/04/10	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$4,346.80
2. Total monetary contributions (From Form No. 31-A)	\$	\$1,255.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$5,601.80
5. Total monetary expenditures (From Form No. 31-B)	\$	\$353.89
6. Balance on hand (line 4 minus line 5)	\$	\$5,247.91
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$1,500.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Deborah S. Roberts, Treasurer *Deborah Roberts*

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

6/11/2010

Date

Contribution pages 5

Expenditure pages 3

Other pages 2

Total pages 10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Ronald Plymale Judge							
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash checks	
City		State OH	Zip Code		M 0	D 5	Y 10
						Amount \$1,255.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
						Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code		M	D	Y
						Amount	

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Ronald Plymale Judge							
To Whom Paid Deborah S. Roberts				M	D	Y	Amount \$21.74
Address 235 Buttles Avenue				Purpose Meeting Meal Reimbursement			
City Columbus		State OH	Zip Code 43215	Check Number 1006			
To Whom Paid Uncle Chuck's Printing				M	D	Y	Amount \$192.15
Address 2541 West Broad Street				Purpose Banners/Advertising			
City Columbus		State OH	Zip Code 43215	Check Number 1004			
To Whom Paid Expenditures from Ford 31-F				M	D	Y	Amount \$140.00
Address				Purpose			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Committee to Elect Ronald Plymale Judge							
Full Name of Contributor Contributor of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0510	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		cash			
Full Name of Contributor Contributor of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0510	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		cash			
Full Name of Contributor Contributor of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0510	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		cash			
Full Name of Contributor Contributor of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0510	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		cash			
Full Name of Contributor Contributor of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0510	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		cash			
Full Name of Contributor Contributor of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0510	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		cash			
Full Name of Contributor Contributor of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0510	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		cash			

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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

~~\$0.00~~
 \$1255.00

Total expenditures this event.

~~\$0.00~~
 \$144

Page Total \$ 140.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Committee to Elect Ronald Plymale Judge							
Full Name of Contributor Contributor of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0510	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		cash			
Full Name of Contributor Contributor of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0510	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		cash			
Full Name of Contributor Contributor of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0510	\$20.00
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH		cash			
Full Name of Contributor Gregory Carr				Registration Number, if PAC			
Street Address 200 W. 4th Ave		Employer/Occupation/Labor Organization* City Planner		M	D	Y	Amount
				0	5	0510	\$25.00
City Columbus		State	Zip Code	Form (Cash, Check, etc.)			
		OH	43201	Check			
Full Name of Contributor Donald V. Junker				Registration Number, if PAC			
Street Address 1430 Mulford Road		Employer/Occupation/Labor Organization* Teacher		M	D	Y	Amount
				0	5	0510	\$35.00
City Columbus		State	Zip Code	Form (Cash, Check, etc.)			
		OH	43212	Check			
Full Name of Contributor Charlie F. Kenedy				Registration Number, if PAC			
Street Address 1994 Suffolk Road, Unit 3		Employer/Occupation/Labor Organization* Retired		M	D	Y	Amount
				0	5	0510	\$100.00
City Columbus		State	Zip Code	Form (Cash, Check, etc.)			
		OH	43221	Check			
Full Name of Contributor Dennis Behm				Registration Number, if PAC			
Street Address 312 West Third Ave		Employer/Occupation/Labor Organization* Lawyer		M	D	Y	Amount
				0	5	0510	\$100.00
City Columbus		State	Zip Code	Form (Cash, Check, etc.)			
		OH	43201	Check			

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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

~~\$0.00~~
 \$1,255.00

Total expenditures this event.

~~\$144~~ \$0.00

Page Total \$ 320.00

