

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							Registration Number, if PAC		
Contributions from form No. 31-E									
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
111 West Rich Street, Suite 600									
City		State		Zip Code		M	D	Y	Amount
Columbus		OH		43215		0	4	0	\$5,175.00
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
		OH							
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
		OH							
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
		OH							
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
		OH							
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
		OH							
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
		OH							

* 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						M		D		Y		Amount
Committee to Elect Ronald Plymale Judge						0	4	0	8	1	0	\$1,078.20
To Whom Paid												
Expenditures from For 31-f												
Address			Purpose									
City			State	Zip Code		Check Number						
			OH									
To Whom Paid						M		D		Y		Amount
MKB Consultants, L.L.C.						0	2	0	1	1	0	\$1,250.00
Address			Purpose									
3244 West Henderson Road, Suite 2			General Campaign Consultants									
City			State	Zip Code		Check Number						
Columbus			OH	43220								
To Whom Paid						M		D		Y		Amount
Address												
City						State		Zip Code		Check Number		
						OH						
To Whom Paid						M		D		Y		Amount
Address												
City						State		Zip Code		Check Number		
						OH						
To Whom Paid						M		D		Y		Amount
Address												
City						State		Zip Code		Check Number		
						OH						
To Whom Paid						M		D		Y		Amount
Address												
City						State		Zip Code		Check Number		
						OH						
To Whom Paid						M		D		Y		Amount
Address												
City						State		Zip Code		Check Number		
						OH						
To Whom Paid						M		D		Y		Amount
Address												
City						State		Zip Code		Check Number		
						OH						

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Ronald Plymale Judge												
To Whom Paid Michelle McKinney						M	D	Y	Amount			
						0	4	0	8	1	0	\$165.00
Address 111 W. Rich Street, Suite 600			Purpose Refreshments and Food									
City Columbus		State OH	Zip Code 43215		Check Number 1031							
To Whom Paid Janet L Hannaway						M	D	Y	Amount			
						0	3	2	5	1	0	\$476.45
Address 140 East Town Street #1100			Purpose Postage/Envelopes/Lables									
City Columbus		State OH	Zip Code 43215		Check Number 1002							
To Whom Paid Central Ohio Association for Justice						M	D	Y	Amount			
						0	3	0	5	1	0	\$25.00
Address 37 W. Broad Street, Suite 480			Purpose									
City Columbus		State OH	Zip Code 43215		Check Number 1001							
To Whom Paid Johnny Howard						M	D	Y	Amount			
						0	3	1	8	1	0	\$411.75
Address 9600 Fireside Drive			Purpose Contributor/Volunteer envelopes printed									
City Glen Allen		State VA	Zip Code 23060		Check Number 1003							
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							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.