Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	6/23/10	
Page 1		

	resented by Beeren		
Name of Committee in Full Committee to Elect Ronald Plymale Jud	tne		
	Registration Number, if PAC		
Full Name of Contributor E. Ray & Brandi Critchett			Registration Number, it FAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
307 Donerail Avenue	LPA		0 6 2 4 1 0 \$700.00
City Powell	Stal te OH	Zip Code 13065	Form (Cash, Check, etc.) Check #1132
Full Name of Contributor	1 011		Registration Number, if PAC
Damien Kitte			Registration (Validora in 1710)
Street Address	1 ⊢		Mi D Y Amount
	Employer/Occup Student	ation/Labor Organization*	0 6 2 3 1 0 \$25.00
2418 Woodstock Rd	Sta te	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH	43221	Check #2653
Full Name of Contributor	1 011	70221	Registration Number, if PAC
Richard D Topper			
Street Address	Employer/Ossum	ation/Labor Organization*	Mi D Yi Amount
5132 Olentangy River Road	LPA	ation/Papor Offaurzation.	0 6 2 1 1 0 \$250.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43235	Check 9834
Full Name of Contributor			Registration Number, if PAC
John Fitch			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
4200 Regent Street, Suite 200	LPA		0 6 2 4 1 0 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43219	Check 10700
Full Name of Contributor William Mann			Registration Number. if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
580 S. South High Street #200	ĹPA		0 6 2 3 1 0 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH _.	13215	Check 5002
Full Name of Contributor Michael Shawn Dingus			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount \$150.00
213 Powhatan Avenue	LPA		
City Columbus	Stal te OH	Zip Code 43204	Form (Cash, Check, etc.) Check 1314
Fell Name of Contributor Jane W. Peters	<u> </u>		Registration Number, if PAC
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount
284 Crossing Creek N	Media Buyer		0 6 2 3 1 0 \$200.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Check 2531

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

\$2,596.00

Total expenditures this event.

\$0.00

^{*} 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)]