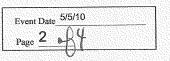
## **Statement of Contributions Received** at a Social or Fund-Raising Event



Prescribed by Secretary of State 03/05

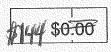
Committee to Elect Ronald Plymale J	uuye		Registration Number, if PAC
ull Name of Contributor Contributor of \$25 or less			1.000.000.000.000.000.000.000
reet Address	Employer/Occupation/Labor Organization*		M D D Y Amount \$20.00
ity	Sta te OH	Zip Code	Form (Cash, Check, etc.)
ull Name of Contributor			Registration Number, if PAC
Contributor of \$25 or less	I		M D Y Amount
reet Address	Employer/Occupation/Labor Organization*		0 5 0 5 1 0 \$20.00
ity	Stal te OH	Zip Code	Form (Cash, Check, etc.)
full Name of Contributor  Contributor of \$25 or less			Registration Number, if PAC
treet Address	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 0 5 1 0 \$20.00
iity	Stalte OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor Gregory Carr			Registration Number, if PAC
treet Address 200 W. 4th Ave	Employer/Occupation/Labor Organization* City Planner		M D Y Amount \$25.00
City Columbus	Sta  te	Zip Code 43201	Form (Cash, Check, etc.) Check
Full Name of Contributor Donald V. Junker			Registration Number, if PAC
treet Address 1430 Mulford Road	Employer/Occupation/Labor Organization*  Teacher		0 5 0 5 1 0 Amount \$35.00
City Columbus	Stal te OH	Zip Code 43212	Form (Cash, Check, etc.) Check
Full Name of Contributor Charlie F. Kenedy			Registration Number, if PAC
itreet Address 1994 Suffolk Road, Unit 3	Employer/Occupation/Labor Organization* Retired		0 5 0 5 1 0 Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Dennis Behm			Registration Number, if PAC
Street Address 312 West Third Ave	Employer/Occupation/Labor Organization*  Lawyer		0 5 0 5 1 0 \$100.00
City Columbus	Stal te OH	Zip Code 43201	Form (Cash, Check, etc.) Check

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.



\$320.00 Page Total \$

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and General Assembly 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)]