

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 Michael Sutherland				M	D	Y	Amount
				1	0	2	5
				1	0		
Address 1354 Saddle Ridge Lane		Purpose Entertainment					
City Worthington	State OH	Zip Code 43085	Check Number cash				
To Whom Paid Union Food + Cafe Servers				M	D	Y	Amount
				1	0	2	5
				1	0		
Address 782 N. High Street		Purpose Wait Staff Tip					
City Columbus	State OH	Zip Code 43215	Check Number				
To Whom Paid				M	D	Y	Amount
Address							
City				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				OH			
To Whom Paid				M	D	Y	Amount
Address							
City				OH			

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.