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

Event Date 8/10/10	
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Prescribed by Secretary of State 03/05

N CO TO THE I	<u>-</u>	•			
Name of Committee in Full Committee to Elect Ronald Plymale Ju	ıdae				
Full Name of Contributor		·	Registration Number, i	E PA C	
Dustin Blake			Registration (vuinoe), (III.C	
Street Address	Employer/Occur	pation/Labor Organization*	M ₁ D Y	Amount	
1524 Bendelow Drive	LPA		0 8 0 9 1	0 \$150.00	
City	Stat te	Zip Code	Form (Cash, Check, etc	:)	
Columbus	OH	43228	Credit Card		
Full Name of Contributor			Registration Number,	FPAC	
Deborah Sue Roberts					
Street Address		Employer/Occupation/Labor Organization* Travel Agent		Amount	
235 Buttles Avenue				0 8 0 3 1 0 \$10.00	
City	Sta te	Zip Code	Form (Cash, Check, etc	c.)	
Columbus	OH	43215	Credit Card		
	Full Name of Contributor			FPAC	
Robert L McCarty or Gregophry M Kostela	C		Mi D Y		
Street Address		Employer/Occupation/Labor Organization* LPA		Amount	
P.O. Box 163638				0 \$150.00	
City	Sta te	Zip Code	Form (Cash, Check, etc	:.)	
Columbus	OH	43216	Check		
Full Name of Contributor			Registration Number, i	if PAC	
Gerald T. Sunbury			Mi Di Y		
Street Address		Employer/Occupation/Labor Organization* LPA		Amount	
111 W. Rich Street, Suite 600				0 8 1 0 1 0 \$100.00	
Columbus	Stal te	Zip Code	Form (Cash, Check, etc	s.)	
Columbus	OH	43215	Check	C C	
Full Name of Contributor The Behal Law Group LLC			Registration Number, i	II PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 (Amount	
501 S. High Street	LPA	_ · · · · · · · -		ე \$150.00	
City	Stal te	Zip Code	Form (Cash, Check, etc)	
Calumbus) OH	43215	Check #032431		
Full Name of Contributor James H. Bownas			Registration Number, i	if PAC	
Street Address			M D Y	Amount	
2245 Victoria Park Drive	LPA	Employer/Occupation/Labor Organization* LPA		\$100.00	
City Columbus	Stal te OH	Zip Code 43235	Form (Cash, Check, etc Check	2.)	
Full Name of Contributor			Registration Number, if PAC		
Carey or Thomas Lee Moomey			registration (transcent		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount	
13185 US Highway 62	LPA		0 8 1 0 1 0	\$150.00	
City	Stal te	Zip Code	Form (Cash, Check, etc	e.)	
Orient	OH	43146	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

\$1,985.00

Total expenditures this event.

\$709.16

\$810.00

^{*} 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)]