Event Date 5/19/16		
Page 6		

\$400.00

Page Total \$

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

·					
Name of Committee in Full  Committe to Elect Kline for Judge		•			
Full Name of Contributor			Registration Number, if PAC		
Despetorich Law Offices, LLC			1 -		
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
100 E Main St			0  5  1	9 1 6 \$100.00	
City .	Sta te	Zip Code	Form (Cash, C	Check, etc.)	
Columbus	OH	43215	Check		
Full Name of Contributor			Registration	Number, if PAC	
Jason A. Price					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount	
7828 Spring Mill Dr				9 1 6 \$100.00	
City	Stalle	Zip Code	Form (Cash, C	Check, etc.)	
Canal Winchester	ОН	43110	Check	160.8	
Full Name of Contributor  Despetorich Law Offices, LLC			Registration	Number, if PAC	
		· · · · · · · · · · · · · · · · · · ·		TV 14	
Street Address 100 E Main St	Employer/Occup	ation/Labor Organization*	0 5 1	9 1 6 \$100.00	
	Sta'ta	Zip Code	Form (Cash, C		
City Columbus	Stal te OH	43215	Cash	check, cu.,	
Full Name of Contributor	011	40210	Registration Number, if PAC		
George W Leach			Registration	rumor, ir tae	
Street Address	rlto		M D	Yi Amount	
100 E Main St	Employer/Occupation/Labor Organization*		1 1 1 1	9 1 6 \$100.00	
City	Staj te	Zip Code	Form (Cash,		
Columbus	OH	43215	Cash		
Full Name of Contributor	1 011			Number, if PAC	
			İ		
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	_
		_			
City	Sta te	Zip Code	Form (Cash.	Check, etc.)	
	OH				
Full Name of Contributor			Registration	Number, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
City	Sta te	Zip Code	Form (Cash,	Check, etc.)	
	OH <sub>.</sub>		<u> </u>		
Full Name of Contributor		Registration	Number, if PAC		
		<u>.</u>			
Street Address	Employer/Occup	ation/Labor Organization*	M   D	Y Amount	
		lui a i			
City	Staj te	Zip Code	Form (Cash,	Uheck, etc.)	
	ОН	1			
A Paguined for goatributions from individuals over \$10	B to statewide and General As	esembly candidates. If contrib	ntar is self-emplaye	YE THE OCCUPATION AND THE DATE	വല വി

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.			
\$400.00	\$381.90			

Required for contributions from individuals over \$100 to statewide and General Assembly candid 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)]