

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Klin for Judge							
Full Name of Contributor Babette Feibel and James Feibel					Registration Number, if PAC		
Street Address 6025 Whitman Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 8	D 3 1	Y 1 6	Amount 100.00	
Full Name of Contributor Despetorich Law Offices, LLC					Registration Number, if PAC		
Street Address 100 East Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 6	Y 1 6	Amount 100.00	
Full Name of Contributor Arnold Shinn Jr and Linda S. Shinn					Registration Number, if PAC		
Street Address 3933 Tweedsmuir Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 9	D 1 8	Y 1 6	Amount 600.00	
Full Name of Contributor Marilyn Tomasi					Registration Number, if PAC		
Street Address 956 Highland Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 9	D 2 2	Y 1 6	Amount 100.00	
Full Name of Contributor Dickenson Wright PLLC					Registration Number, if PAC		
Street Address 2600 West Big Beaver Rd. Ste. 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Troy	State M I	Zip Code 48084	M 0 9	D 0 8	Y 1 6	Amount 250.00	
Full Name of Contributor Tyler Brown					Registration Number, if PAC		
Street Address 3454 Hail Ridge Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Discov		
City Reynoldsburg	State O H	Zip Code 43068	M 1 0	D 1 0	Y 1 6	Amount 25.00	
Full Name of Contributor Franklin County Republican Party					Registration Number, if PAC		
Street Address 14 E Gay Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 3 0	Y 1 6	Amount 6,300.00	
Full Name of Contributor Total Contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount 6,070.00	

* 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 appear. [R.C. 3517.10(B)(4)]