## Event Date 4/28/16 Page 5

\$300.00

Page Total \$

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

Committe to Elect Kline for Judge  Full Name of Contributor Sara Lutz  Street Address 130 E Sycamore St  City Columbus  Columbus  Full Name of Contributor Columbus  Employer/Occupation/Labor Organization*  O	Name of Committee in Full		
Fell Name of Contributor  Sara Lutz    Employer/Occupation/Labor Organization*			
Size Address	:		Registration Number, if PAC
130 E Sycamore St	Sara Lutz		
Columbus  Cash  Columbus  Registration Number, if PAC  Sizer Address  Employer/Occupation/Labor Organization*  Carly Lovelace  Sizer Address  Employer/Occupation/Labor Organization*  City  Columbus  City  Columbus  Employer/Occupation/Labor Organization*  City  Columbus  City  Sizer Address  Employer/Occupation/Labor Organization*  City  Columbus  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  Sizer Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  Sizer Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  Sizer Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  Sizer Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  Sizer Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  Sizer Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  Sizer Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  Amount  Full Name of Contributor  Registration Number, if PAC  City  Annount  Amount  City  Annount  City  Annount  City  Annount  Amount  Amoun		Employer/Occupation/Labor Organization*	
Columbus OH 43206 Gash Fell Name of Contributor Carry Lovelace Sireer Address T760 Bedford Rd City Columbus OH 43212  Say Zip Code OH 43212  Cash Fell Name of Contributor Sireer Address Fell State of Contributor Fell Name of Contributor Full Name of Contributor Sireer Address Employer/Occupation/Labor Organization* OH 22 ip Code OH 43213  Fell Name of Contributor Full	130 E Sycamore St		0  4  2  8  1  6   \$100.00
Full Name of Contributor  Carly Lovelace  Employer/Occupation/Labor Organization*  O   4   2   8   1   6   \$100.00  City  Columbus  Full Name of Contributor  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  O   4   2   8   1   6   \$100.00  Form (Cash, Check, etc.)  Cash  Form (Cash, Check, etc.)  Cash  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  O   4   2   8   1   6   \$100.00  Form (Cash, Check, etc.)  Cash  Full Name of Contributor  Full Name of Contributo	City		
Carly Lovelace  Street Address  1760 Bedford Rd  Single   Zip Code   Form (Cash, Check, etc.)    Columbus   OH   43212   Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   4   2   8   1   6   S100.00    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   4   2   8   1   6   S100.00    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   4   2   8   1   6   S100.00    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   4   2   8   1   6   S100.00    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   4   2   8   1   6   S100.00    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   V   Amount    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   V   Amount    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   V   Amount    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   V   Amount    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   V   Amount    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   V   Amount    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   O   V   Amount    Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   O   O   O   O   O   O   O   O   O	Columbus	OH 43206	
Employer/Occupation/Labor Organization*			Registration Number, if PAC
1760 Bedford Rd			
Columbus  OH 43212  Cash  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC		Employer/Occupation/Labor Organization*	
Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Full Nume of Contributor  Registration Number, if PAC	City	State Zip Code	Form (Cash, Check, etc.)
Street Address   Employer/Occupation/Labor Organization*	Columbus	OH 43212	Cash
492 S High St  O   4   2   8   1   6   \$100.00  City Columbus OH 43213  Figure of Contributor  Street Address  Employer/Occupation/Labor Organization* Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  City State Zip Code OH  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  Registration Number, if PAC			Registration Number, if PAC
Size   Zip Code   Form (Cash, Check, etc.)		Employer/Occupation/Labor Organization*	
Columbus  OH 43213  Cash  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  City Sta'te Zip Code OH  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC		9.5	
Full Name of Contributor  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC	-		1
Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    Full Name of Contributor   Registration Number, if PAC    Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    Full Name of Contributor   Registration Number, if PAC    Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    Full Name of Contributor   Registration Number, if PAC    Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    City   Stale   Zip Code   Form (Cash, Check, etc.)    Full Name of Contributor   Registration Number, if PAC    Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)    Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)	<u> </u>	011   40210	
City  Sta* te OH  City  Sta* te OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  City  Sta* te OH  Sta* te Zip Code  OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC	Tail value of Condition		
Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  City  State OH  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor	Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
Full Name of Contributor    Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount	City	1 · 1 ·	Form (Cash, Check, etc.)
Street Address    Employer/Occupation/Labor Organization*		OH	No. of the second
City  State   Zip Code   Form (Cash, Check, etc.)  Full Name of Contributor  Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount  Full Name of Contributor  Street Address   Employer/Occupation/Labor Organization*   Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   Registration Number, if PAC  Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount  City   State   Zip Code   Form (Cash, Check, etc.)	Full Name of Contributor		Registration Number, II FAC
Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  City  State OH  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Full Name of Contributor  Employer/Occupation/Labor Organization*  M D Y Amount  City  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  City  State Zip Code Form (Cash, Check, etc.)	Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  City  Sta te OH  Form (Cash, Check, etc.)  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  City  Sta te Zip Code  Form (Cash, Check, etc.)	City		Form (Cash, Check, etc.)
City  State OH  Zip Code Form (Cash, Check, etc.)  Full Name of Contributor  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Arnount  City State Zip Code Form (Cash, Check, etc.)	Full Name of Contributor		Registration Number, if PAC
Full Name of Contributor  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Armount  City  Sta te Zip Code  Form (Cash, Check, etc.)	Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  City  Sta te Zip Code  Form (Cash, Check, etc.)	City	1	Form (Cash, Check, etc.)
City State Zip Code Form (Cash, Check, etc.)	Full Name of Contributor		Registration Number, if PAC
eny · · · · · ·	Street Address	Employer/Occupation/Labor Organization*	M D Y Arrount
	City		Form (Cash, Check, etc.)

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.
\$1,250.00	\$200.00

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)]