

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Kline for Judge					
Full Name of Contributor Seth Porter				Registration Number, if PAC	
Street Address 4208 Gavin Lane		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43220	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Chris Clark				Registration Number, if PAC	
Street Address 845 Thomapple Grove		Employer/Occupation/Labor Organization*		M 0	D 8
City Galloway		State OH	Zip Code 43119	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Bo Peril				Registration Number, if PAC	
Street Address 100 East Main St		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Tom Pasquarella				Registration Number, if PAC	
Street Address 6148 Heritage Lake		Employer/Occupation/Labor Organization*		M 0	D 8
City Hilliard		State OH	Zip Code 43026	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Robert Soccorsi				Registration Number, if PAC	
Street Address 467 1/2 N High St		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Don Kline				Registration Number, if PAC	
Street Address 100 E Main St		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$75.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Taylor Lovelace				Registration Number, if PAC	
Street Address 4315 Overland Trail		Employer/Occupation/Labor Organization*		M 0	D 8
City Kettering		State OH	Zip Code 45429	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Cash					

* 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)]

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

\$1,620.00

Total expenditures this event.

\$1,238.28

Page Total \$ 675.00