



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

Form 31-E
R.C. 3517.10(B)

| | | | | |
|---|---|-------------------|----------------------------------|--------------------|
| Full Name of Committee Committee to Elect McCaughan for Judge | | | | |
| Full Name of Contributor Robert Behal | | | Registration Number, if PAC | |
| Street Address 2531 Brentwood Dr | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 02/20/2018 | Amount \$600.00 |
| City Bexley | State OH | Zip Code 43209 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor J. Kevin Cogan | | | Registration Number, if PAC | |
| Street Address 8235Campden Lakes Blvd | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 02/20/2018 | Amount \$250.00 |
| City Dublin | State OH | Zip Code 43016 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor Suzanne K. Sabol | | | Registration Number, if PAC | |
| Street Address 15 E. Kossuth St | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 02/20/2018 | Amount \$150.00 |
| City Columbus | State OH | Zip Code 43206 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor Kemp, Schaeffer & Rowe Co., LPA | | | Registration Number, if PAC | |
| Street Address 88 W. Mound St. | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 02/20/2018 | Amount \$250.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor Luftman, Heck & Assoc, LLP (Ben Luftman) | | | Registration Number, if PAC | |
| Street Address 500 E. Rich St | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 02/20/2018 | Amount \$500.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, Etc) check | |

* 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

Total Expenditures This Event

Page Total \$ 1750.00