

Event Date	02/20/2018	ı

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

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

Full Name of Committee				<u> </u>	
Committee to Elect McCaughan for Judge					
Full Name of Contributor				Registration Number, if PAC	
Catherine Harper Lee					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2441 Shillingham Ct				02/20/2018	\$250.00
City		State	Zip Code	Form (Cash, Check, Etc	
Powell		ОН	43065	check	E
Full Name of Contributor		1_1		Registration Number, if PAC	
Francesca Madiai					
Street Address	Employer/Occu		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1000 Urlin Ave., Apt 1623				02/20/2018	\$30.00
City		State	Zip Code	Form (Cash, Check, Etc	gan and the second second and the second
Columbus		он	43212	check	
Full Name of Contributor	Registration Number, if PAC				
Dave Shouvlin					
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
4150 Bowmansroot Ct				02/20/2018	\$500.00
City		State	Zip Code	Form (Cash, Check, Etc	
Hilliard		ОН	43206	check	editoria. Saleda :
Full Name of Contributor				Registration Number, if PAC	A S A Walland Berkeley and a graph of the state of the st
Catherine Lower					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
297 E. Schreyer Pl				02/20/2018	\$125.00
City	15	State	Zip Code	Form (Cash, Check, Etc	energia de la composition della composition dell
Columbus		ОН	43212	check	
Full Name of Contributor			<u> </u>	Registration Number, if PAC	Marine and the second
Trina Goethals					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
7515 Scioto Pkwy				02/20/2018	\$50.00
City	•	State	Zip Code	Form (Cash, Check, Etc	**************************************
Powell	(ОН	43065	check	
* Required for contributions from individuals over \$100 to				has the annual transfer and the same transfe	1.0

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	055.00
		Page Total \$_955.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]