

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 Daniel E Cogley			Registration Number, if PAC	
Street Address 5457 Grand Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin	State OH	Zip Code 43016	Y 2	Amount \$125.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Pohler & Associates, LLC			Registration Number, if PAC	
Street Address 6445 East Livingston Ave	Employer/Occupation/Labor Organization*		M 0	D 8
City Reynoldsburg	State OH	Zip Code 43068	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kenneth W Parrill Jr			Registration Number, if PAC	
Street Address 326 S High St STE 300	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43216	Y 2	Amount \$125.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Despetorich Law Offices, LLC			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 \$125.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor William F Scala			Registration Number, if PAC	
Street Address 43 Victorian Gateway	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$120.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Travis Moore			Registration Number, if PAC	
Street Address 1053 Bryden Rd	Employer/Occupation/Labor Organization*		M 0	D 0
City Columbus	State OH	Zip Code 43205	Y 8	Amount \$100.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Robert Lovelace			Registration Number, if PAC	
Street Address 4215 Overland Trail	Employer/Occupation/Labor Organization*		M 0	D 8
City Ketterin	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 \$ **\$945.00**