

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Elect Kline for Judge</b>					
Full Name of Contributor <b>David L Rowland</b>				Registration Number, if PAC	
Street Address <b>10705 Snyder Church RD NW</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Baltimore</b>		State <b>OH</b>	Zip Code <b>43026</b>	Y <b>2</b>	Amount <b>\$100.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jeanette F Kline</b>				Registration Number, if PAC	
Street Address <b>4089 Stoneroot Dr</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>	Y <b>2</b>	Amount <b>\$100.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Lynette Kline</b>				Registration Number, if PAC	
Street Address <b>4089 Stoneroot Dr</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>	Y <b>2</b>	Amount <b>\$100.00</b>
				Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>Natalie Despetorich</b>				Registration Number, if PAC	
Street Address <b>5458 Coral Berry Drive</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>	Y <b>2</b>	Amount <b>\$100.00</b>
				Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>The Nigh Law Group LLC</b>				Registration Number, if PAC	
Street Address <b>115 W Main St STE 300A</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Y <b>2</b>	Amount <b>\$75.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State <b>OH</b>	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State <b>OH</b>	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

\* 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

**\$475.00**

Total expenditures this event.

**\$161.00**

Page Total S

**\$475.00**