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Event Date	04/03/2018	Page ∠
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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					
				Denistration Number 15 DAG	
Full Name of Contributor			Registration Number, if PAC		
JoAnn M. Deak					· · · · · · · · · · · · · · · · · · ·
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1329 B Lake shore Dr.				04/03/2018	\$100
City		State	Zip Code	Form (Cash, Check, Etc	
Columbus		OK	43204	check	
Full Name of Contributor			l.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registration Number, if PAC	<u> </u>
Susan Strader					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1407 B Lake Shore Dr.				04/03/2018	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Columbus		ОН	43204	cash	
Full Name of Contributor		Registration Number, if PAC			
Tammy White					
Street Address	Employe	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1257 B Lake Shore Dr.				04/03/2018	\$50.00
City		State	Zip Code	Form (Cash, Check, Etc	
Columbus		ОН	43235	cash	
Full Name of Contributor				Registration Number, if PAC	
Jerilynn Leckron					
Street Address	Employe	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1399 Lake Shore Dr				04/03/2018	\$70.00
City		State	Zip Code	Form (Cash, Check, Etc	
Columbus		ОН	43204	cash	
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC	P
Jennifer Rudy					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
81 Brevoort Rd				04/03/2018	\$25.00
City		State	Zip Code	Form (Cash, Check, Etc	
Columbus		ОН	43214	Visa	
* Required for contributions from individuals over \$100	to statewic	de and Ge	eneral Assembly candidate	tes. If contributor is self-employe	d the occupation and the

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	Darra Tatal © 295
·		Page Total \$

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)]