

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 Jeff Moore				Registration Number, if PAC	
Street Address 100 E Main St		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$100.00
Full Name of Contributor Niles Moore				Registration Number, if PAC	
Street Address 100 E Main St		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$60.00
Full Name of Contributor Dustin Cooper				Registration Number, if PAC	
Street Address 1194 Smith Rd		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43207	Y 0	Amount \$100.00
Full Name of Contributor Sylvia Zuko				Registration Number, if PAC	
Street Address 1865 Wilson Rd, SE		Employer/Occupation/Labor Organization*		M 0	D 2
City West Jefferson		State OH	Zip Code 43162	Y 0	Amount \$100.00
Full Name of Contributor Cindy Collins				Registration Number, if PAC	
Street Address 243 West Hall Drive		Employer/Occupation/Labor Organization*		M 0	D 2
City Delaware		State OH	Zip Code 43015	Y 0	Amount \$60.00
Full Name of Contributor Tony Zuko				Registration Number, if PAC	
Street Address 1865 Wilson Rd.		Employer/Occupation/Labor Organization*		M 0	D 2
City West Jefferson		State OH	Zip Code 43162	Y 0	Amount \$100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
		OH			

* 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

\$2,820.00

Total expenditures this event.

\$223.58

Page Total \$ \$520.00
