

Event Date	02/20/2018	Page 2
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## Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

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Full Name of Committee					
Committee to Elect McCaughan for Judge					
Full Name of Contributor				Registration Number, if PAC	
Robert Hawley III					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
110 Boshop Dr.				02/20/2018	\$125.00
City		State	Zip Code	Form (Cash, Check, Etc	germanne med litt litter og men mom men skilleretter en ener energet F
Westerville	C	ОН	43081	check	
Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC	1
Terri Fancelli					
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
5275 Brynwood Dr.				02/20/2018	\$125.00
City		State	Zip Code	Form (Cash, Check, Etc	ground and the second s
Columbus	C	ОН	43220	check	
Full Name of Contributor			Registration Number, if PAC		
Tyler Dennis					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2174 Tramore Sq				02/20/2018	\$125.00
City	8	State	Zip Code	Form (Cash, Check, Etc	And the second s
Columbus	C	ОН	43235	check	
Full Name of Contributor				Registration Number, if PAC	1
Jared Burker					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
414 E. Royal Forrest Blvd				02/20/2018	\$100.00
City		State	Zip Code	Form (Cash, Check, Etc	The same and the same and the same and the same
Columbus	C	ОН	43214	check	
Full Name of Contributor			<u>_</u> =:	Registration Number, if PAC	
Kenneth Kline			!		
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
973 N. 6th St				02/20/2018	\$125.00
City		State	Zip Code	Form (Cash, Check, Etc	The second secon
Columbus	C	ОН	43210	check	
* Required for contributions from individuals over \$100	to statewide	e and Ge	eneral Assembly candidat	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	Expenditu	ıres T	his	Event

Page Total \$	600.00	

<sup>\*</sup> 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)]