

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 Niles Moore | | | Registration Number, if PAC | |
| Street Address 100 East Main Street | Employer/Occupation/Labor Organization* | | M D Y 0 6 0 9 1 6 | Amount \$20.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Mike Ryan | | | Registration Number, if PAC | |
| Street Address 100 East Main Street | Employer/Occupation/Labor Organization* | | M D Y 0 6 0 9 1 6 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Jeanette Kline | | | Registration Number, if PAC | |
| Street Address 4089 Stoneroot Dr | Employer/Occupation/Labor Organization* | | M D Y 0 6 0 9 1 6 | Amount \$100.00 |
| City Hilliard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Larimer & Larimer LLC | | | Registration Number, if PAC | |
| Street Address 165 N. High St | Employer/Occupation/Labor Organization* | | M D Y 0 6 0 9 1 6 | Amount \$1,000.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Ruth Daily | | | Registration Number, if PAC | |
| Street Address 5315 Hayes Rd | Employer/Occupation/Labor Organization* | | M D Y 0 6 0 4 1 6 | Amount \$100.00 |
| City Groveport | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Robert g Fais | | | Registration Number, if PAC | |
| Street Address 6650 Wynright Dr | Employer/Occupation/Labor Organization* | | M D Y 0 6 0 9 1 6 | Amount \$30.00 |
| City Dublin | State OH | Zip Code 43016 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Paul E Morrison | | | Registration Number, if PAC | |
| Street Address 1001 Esther Dr | Employer/Occupation/Labor Organization* | | M D Y 0 6 0 9 1 6 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43207 | Form (Cash, Check, etc.) Check | |

* 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

\$1,350.00

Total expenditures this event.

\$131.32

Page Total \$ 1,350.00