

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 Thomas A Gjostein		Registration Number, if PAC	
Street Address 6720 Hayhurst St	Employer/Occupation/Labor Organization*	M D Y 0 4 2 8 1 6	Amount \$150.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check
Full Name of Contributor Catherine M White		Registration Number, if PAC	
Street Address 145 E Livingston Ave	Employer/Occupation/Labor Organization*	M D Y 0 4 2 8 1 6	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Jonathan W Klein		Registration Number, if PAC	
Street Address 101 Heather Lane	Employer/Occupation/Labor Organization*	M D Y 0 4 2 8 1 6	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check
Full Name of Contributor Bonnie A Vangeloff		Registration Number, if PAC	
Street Address 215 Landover Rd	Employer/Occupation/Labor Organization*	M D Y 0 4 1 9 1 6	Amount \$250.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check
Full Name of Contributor Karin E Demaree		Registration Number, if PAC	
Street Address 313 Highland Ave	Employer/Occupation/Labor Organization*	M D Y 0 4 2 8 1 6	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check
Full Name of Contributor Sherry L Fleury		Registration Number, if PAC	
Street Address 6981 Post Preserve Rd	Employer/Occupation/Labor Organization*	M D Y 0 4 2 8 1 6	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check
Full Name of Contributor Stephen A Moyer		Registration Number, if PAC	
Street Address 9 East Kossuth St	Employer/Occupation/Labor Organization* Moyer Law Offices	M D Y 0 4 2 8 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43206	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

\$1,250.00

Total expenditures this event.

\$200.00

Page Total \$ \$950.00