Page	25
rage	

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee				_		<u> </u>	•					
Committee to Elect KI	line fo	or Jude	σe									
From Whom Received Prior Amount Amt, Incurred this Period												
Donald L. Kline									0.00			12,000.00
Address								-			_0.00	Outstanding Balance
100 East Main Street												12,000.00
City State Zip Code					Loans Received This Period				Payments This Period			
Columbus	OH	4321	5	Date Amount							Amount	
Date Loan was originally	М	D	Y	М	D	Y	s		М	D	Y	<u></u>
Incurred	018	3 0	116	0 8	310	1 6		10,000.00		1 1		1 0
Registration Number, if PAC				M	Ð	Y			M	D	Y	<u> </u>
				1 0	1 0	116		- 2,00.00			1 1	
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y	
					<u> </u>						1 1	
From Whom Received									Prior A	Amount	1	Amt. Incurred this Period
		_										1
Add re ss						-						Outstanding Balance
City	State	Zip Code	•	Loa	Loans Received This Period Date Amount				Payments This Period Date Amount			ents This Period
Date Loan was originally	М	D -	ΓÝ	Mı	D	Y	k	Alloun	M	T D	Y	Ic Amount
Incurred	``	Ιĩ			Ιĩ	l i	ľ		"	1 1	1 1	ľ
Registration Number, if PAC		<u> </u>	<u> </u>	M	D	Y	1		М	 р	 '	_
,					l -	1 1	l			Ι'n	1 1	
Employer/Occupation/Labor Organization*				м!	D	Y	╅		MI	- D	' Y	
. , .					1	1 1	l			1 1		
From Whom Received Prior Amount Amt, Incurred this Period							Amt. Incurred this Period					
Address					••							Outstanding Balance
City	State	Zip Code	;	Loans Received This Period			Payments This Period Date Amount					
Date Loan was originally	M	 	ΙΥ	3.4	Date D	Y	Te	Amount				Amount
Incurred	M	l D	'ı	M] [l 'i	s		М	D	Y	ľ
Registration Number, if PAC	<u>'</u>	<u>' '</u>	<u>' </u>	M	D	Y	╁		M	D	Y	
Employer/Occupation/Labor Organization* M D Y M D Y												
1 1				"		l i	1		"]	1	1	
-	-	ŧ		- '		1 1					_!!	·
* Required for contributions over \$100 to st	atewide a	and general	l assembly	candidat	es. If cont	ributor is	self-emp	oloyed, occupation and	the na	me of the i	ndividual's	business,

If a loan is forgiven, write "Forgiven" in the	"Outstanding Balance" space.	Transfer total of all loans	received this period to the S	tatement of Other Income	(Form No. 31-A-2)
Transfer total of all payments made in this p	period to the Statement of Exper	nditures (Form No. 31-B)	. Transfer Total Outstanding	Balance to the cover pag	e (Form No. 30-A).

1	Total prior amount \$	0.00
2	Total received this period \$	12,000.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	0.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	12,000.00 (To Form No. 30-A)

^{*}Required for contributions over \$100 to statewide and general assembly candidates. It contributor is self-employed, occupation and the name of the individual's business if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)