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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full		<u></u>							
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Committee to Elect Kline for Judg	e		(Domina	d - No.	-k :6 D				
Donald L. Kline				Registration Number, if PAC					
Address	Type*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	М	D	Y	Amount			
100 East Main Street				2/7			1,000.00		
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Columbus	O H 43215			Check					
Full Name				Registration Number, if PAC					
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Full Name				Registration Number, if PAC					
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chy	State	Zip Code	Form(C.	ash,Chec	k,etc)				
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Full Name				Registration Number, if PAC					
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ull Name			Registra	Registration Number, if PAC					
Address	Type*	91 F 91	М	D	Y	Amount			
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)	*	†		
					_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1.000.00

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,