

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Kline for Judge							
Full Name Donald L. Kline				Registration Number, if PAC			
Address 100 East Main Street		Type* L N		M 0	D 8	Y 3	Amount 10,000.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name Donald L. Kline				Registration Number, if PAC			
Address 100 East Main Street		Type* L N		M 1	D 0	Y 1	Amount 2,000.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

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

Page Total \$ 12,000.00