

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Kline for Judge							
To Whom Paid Expenditure from Fundraising Event Form 31-F				M 0	D 4	Y 2	Amount \$200.00
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid Expenditure from Fundraising Event Form 31-F				M 0	D 5	Y 1	Amount \$381.90
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid Expenditure from Fundraising Event Form 31-F				M 0	D 6	Y 0	Amount \$131.32
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid Expenditure from Fundraising Event Form 31-F				M 0	D 7	Y 2	Amount \$161.00
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid Expenditure from Fundraising Event Form 31-F				M 0	D 8	Y 2	Amount \$1,238.28
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid Expenditure from Fundraising Event Form 31-F				M 1	D 0	Y 1	Amount \$727.24
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State OH	Zip Code	Check Number				