In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full		
Name of Committee in Full Committee to Elect Kline for Judge	•	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Danistanian Murahar & DAC
Donald L. Kline	Employer, Occupation, 2000 Organization	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
100 East Main Street	Signs	0 2 0 2 1 6 \$181.41
City	State Zip Code	Received at Fundraising Event?
Columbus	OH _, 43215	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Vulue
City	State Zip Code	Received at Fundraising Event?
	OH Zip Code	Received at Fundraising Event? NO YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Stal te Zip Code	Received at Fundraising Event?
Full Name of Contributor	Luci de la constanta de la con	O YES O NO
Pull Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
Čity	State Zip Code OH	Received at Fundraising Event? O YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Starte Zip Code	Received at Fundraising Event?
Full Name of Contributor		Projectation Number is DAC
Full Name of Condition of	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	Received at Fundraising Event? O YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	Received at Fundraising Event? OYES NO

Page Total \$181.41

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]