

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Klinger for Judge									
Full Name of Contributor Moore & Yaklevich LLC						Registration Number, if PAC			
Street Address 100 East Main Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State oh 		Zip Code 43215		M 0 5	D 1 1	Y 1 6	Amount 400.00
Full Name of Contributor Murray Energy Political Action Committee						Registration Number, if PAC C00410985			
Street Address 29325 Chagrin Boulevard Ste 300			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pepper Pike		State oh 		Zip Code 44122		M 0 5	D 1 3	Y 1 6	Amount 3,600.00
Full Name of Contributor Robert Lilly						Registration Number, if PAC			
Street Address 9 East Second Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State oh 		Zip Code 43138		M 0 6	D 0 8	Y 1 6	Amount 100.00
Full Name of Contributor Kyle Witt						Registration Number, if PAC			
Street Address 136 West Main Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Lancaster		State oh 		Zip Code 43130		M 0 6	D 0 8	Y 1 6	Amount 100.00
Full Name of Contributor Rebecca gooch Attorney at Law						Registration Number, if PAC			
Street Address 336 South High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State oh 		Zip Code 43215		M 0 6	D 1 3	Y 1 6	Amount 100.00
Full Name of Contributor The Nigh Law Group LLC						Registration Number, if PAC			
Street Address 115 W. Main Street Ste 300A			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State oh 		Zip Code 43215		M 0 7	D 2 8	Y 1 6	Amount 75.00
Full Name of Contributor David Lowenstein						Registration Number, if PAC			
Street Address 691 South Fifth Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Visa		
City Columbus		State oh 		Zip Code 43206		M 0 9	D 1 5	Y 1 6	Amount 100.00
Full Name of Contributor MelissamKaiser						Registration Number, if PAC			
Street Address 13014 Hoosier Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Master-C		
City Hagerstown		State m d		Zip Code 21740		M 0 9	D 0 7	Y 1 6	Amount 100.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 4,575.00