

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		•	·					
Committee to Elect Kline for Judge								
Full Name of Contributor				Regist	ration	Num	ber, if PA	.c
Ron Cooper							,	··•
Street Address	Employe	r/Occupa	ation/Labor Organization*	_				Form (Cash, Check, etc.)
5846 Sinclair Rd			_					Credit
City	St	ate	Zip Code	М	Î	<u> </u>	Y	Amount
Columbus	0	h	43229	1110) 2	4	1 6	500.00
Full Name of Contributor							ber, if PA	
Erich Kaiser								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
3870 Mildred	1							Credit
City	Sta	ate	Zip Code	М	E)	Y	Amount
<u>Rochester</u>	M	1	48309	1110) 2	4	1 6	100.00
Full Name of Contributor			<u> </u>				ber, if PA	
Gregory Bowles								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
_1426 Howard Rd								Credit
City	Sta	ate	Zip Code	М	Г)	Y	Amount
Annapolis	M	υ	21503	1 0) 3	1	1 6	250.00
Full Name of Contributor				Registr	ation l	Num	ber, if PA	C
Franklin County Republican Party								
Street Address	Employe	r/Occupa	tion/Labor Organization*					Form (Cash, Check, etc.)
_14 E. Gay Street								Check
City	Sta	ate	Zip Code	М	D	,	Y	Amount
Columbus		Н	43215	1 0) 3	1	1 6	3,000.00
Full Name of Contributor		"	<u>-</u>	Registr	ation l	Num	ber, if PA	C
Street Address	Employe					Form (Cash, Check, etc.)		
								<u></u>
City	Sta	ate	Zip Code	М	E		Y	Amount
<u> </u>			<u> </u>					
Full Name of Contributor				Registr	ation l	Чum	ber, if PA	С
eet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
			I				,	
City	Sta	ate	Zip Code	M	D) 1	Y	Amount
)		Щ.			
Full Name of Contributor				Registr	ation l	Num	ber, if PA	C
G	Te 1	-(0						F(0-1-Cl-1
Street Address	Employe	r/Occupa	ation/Labor Organization*					Form (Cash, Check, etc.)
0.4			7: 0.1	1			1 37	<u> </u>
City	30	ate	Zip Code	M) I	Y	Amount
F. 11.N					٠,		1 1574	
Full Name of Contributor Registration Number, if PAC								
Start Address	Employer/Occupation(I abor Organization)						Form (Cash, Charle at)	
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
City		ate	Zip Code	М	-		l v	Amount
City	313	att	Σήρ Code	IVI	D D		Y	умноши
<u></u> _			l					

* 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 \$ 3,850.00