_	_
Page	2

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Klein Committee							
Full Name of Contributor			Registration Number, if PAC				
Brad Howe							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1137 North High St	Howe Companies/Real Estate			Credit			
City	State	Zip Code	Date	Amount			
Columbus	ОН	43201	03/07/2018	\$250.00			
Full Name of Contributor			Registration Number, if PAC				
I/A			N/A				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
N/A	N/A			N/A			
City	State	Zip Code	Date	Amount			
N/A	N/A	N/A	N/A	\$0.00			
Full Name of Contributor			Registration Number, if PAC				
N/A			N/A				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
N/A	N/A			N/A			
City	State	Zip Code	Date	Amount			
N/A	N/A	N/A	N/A	\$0.00			
Full Name of Contributor		•	Registration Number, it	f PAC			
N/A							
Street Address	Employer/	Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)			
N/A	N/A			N/A			
City	State	Zip Code	Date	Amount			
N/A	N/A	N/A	N/A	\$0.00			
Full Name of Contributor	Registration Number, it	f PAC					
N/A			N/A	1.11.00			
Street Address	Employer/	Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)			
N/A	N/A			N/A			
City	State	Zip Code	Date	Amount			
N/A	N/A	N/A	N/A	\$0.00			
Full Name of Contributor			Registration Number, if PAC				
N/A	N/A	N/A					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
N/A	N/A			N/A			
City	State	Zip Code	Date	Amount			
N/A	N/A	N/A	N/A	\$0.00			
Full Name of Contributor	•	<u> </u>	Registration Number, i	f PAC			
N/A							
Street Address	Employer	Occupation/Labor Orga	nization*	Form (Cash, Check, etc.)			
N/A	N/A			N/A			
City	State	Zip Code	Date	Amount			
N/A	N/A	N/A	N/A	\$0.00			
Full Name of Contributor			Registration Number, if PAC				
			N/A				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
N/A	N/A			N/A			
City	State	Zip Code	Date	Amount			
N/A	N/A	N/A	N/A	\$0.00			

Page Total: \$250.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]