

Prescribed by Secretary of State 3/05

Full Name of Committee										Registration Number, if PAC			
Klein Committee													
Full Name of Candidate													
Zachary M. Klein													
Street Address								Office Sought				District	
545 E Town St								City Attorney				Columbus	
City								State		Zip Code			
Columbus								O		H		43215	
	X	2017, 60-Day										Annual Year	
		Pre-Primary			Post-Primary			Pre-General			Post-General		
		July			August			September				Semiannual	
		Monthly				Monthly				Termination			
Reported Report?				Report Electronically filed?				M		D		Y	
YES				NO				1		1		0 7 1 7	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

[illegible]

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER
COMMITTS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Francine Ryan, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

DECLARATION OF THE SIGNER: I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that I am the person who has signed this document.

Francine Ryan 4/29/2019
Date

Date _____

Contribution	
pages	

Expenditure
pages

Other
pages _____

Total
pages _____