

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Committee to Elect Kline for Judge									
To Whom Paid John A. Yaklevich						M	D	Y	Amount \$400.00
						0	2	2	3
Address 100 East Main Street						Purpose Refund to contributor over the donation limit			
City Columbus						State OH		Zip Code 43215	
						Check Number 08181539			
To Whom Paid Expenditures from form 31-F						M	D	Y	Amount \$223.58
						0	2	0	4
Address						Purpose			
City						State OH		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	
						Check Number			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	
						Check Number			

Page Total **\$623.58**