

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Kline for Judge												
To Whom Paid John A. Yaklevich						M	D	Y	Amount			
						0	2	2	3	1	6	\$400.00
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			
						0	2	0	4	1	6	\$223.58
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						