#### Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee	2			Hoo	<u></u>	Registratio	m Number, if	PAC
Full Name of Candidate	ex CAMPA	1	<u>uvil</u>	CIEC_		19		
CARD! Street Address	HUN K	Wyer	· · · · · · · · · · · · · · · · · · ·	Office Sought			Dimi	ct
1715	17th 5	t		COUNCIL	1-17-	- LAR	ge Cu	ly Alhond 1
Cura hi	OAA FA	115			0	17	ip Code 448	123
Type of Report	Pro-Primary	Post-Primary	X	Pre-General	ं	Post-Gene	na ,	An-
(place X to the left of report type)	July Monthly	August Monthly		September Monthly		Terminatio		Semiannual
Amended Report?	☐ No Report Electronically Fi	iled? Yes No	Date o	Election	7			
For candidates only, during an No other forms are required for	election year, if total contributions r a post-primary or post-general per	and expenditures each total \$5 riod, if above statement applies	00 or less duri i. See R.C. 351	ng the combined pro- as 7.10(H) for details.	d post-peri	ods at one e	lection, check	box 🗆
	1. Amount brought forward t	from last report		s 547	2	80	Ţ	
	2. Total monetary contribution	ns (From Form No. 31-A)	UNS I	s 5	0			
1*	3. Total other income (From )	Form No. 31-A-2)	3.14	s (	5 -			
	4. Total funds available (sum	of lines 1, 2, 3)	with the second	· 552	22	80	200	+
	5. Total monetur ( ) for live	OIAL-GORY	Marin	s 76	2	03		#
	6. Balance on SUMM	IIT COUNT	Y	: 476	0	77	7 21	<u>-</u>
	7. Value of in-kind contributi	OF ELECTIVE OR FORM NO.	.31-3-1)	s	_			alt.
	8. Value of in-land contributi	ons made (From Form No. 3)	1-3-2)	s	_		10: 04	
	9. Outstanding loans owed by	committee (From Form No.	31-C)	: 69,0	000	00	=	
	10. Outstanding debts owed b	y committee (From Form No	. 31-N)	s 115	93	65		
	11, Outstanding loans owed to	committee (From Form No.	31-R)	s				
	12. Value of independent cap	collitares made (From Form)	No. 31-U)	3			}	*
	13. For Electronic Filing Enti Sum of lines 2, 7, and am	ities only ount of any new loans receive	d this period.	s				
			TY OF ELEC	TION FALSIFICATIO	OH. WHO	LO <sub>L</sub>	OMITS ELEC	TION /
Contribution pages	Expenditure page			ther Z			Total pages_	9

R.C. 3517.10

#### Statement of Contributions Received

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Prescribed by Secretary of State 2:01

Name of Committee in Full						
KUNGER CAN	DALGN	Committe	20			
Full Name of Contributor Town HUBER	/	91	Regis	tration N	umber, if	PAC
Full Name of Committee in Full  KLINGER CAN  Full Name of Contributor  TOW HUBER  Street Address  278 HUNTER PKY  City  CLYAPOGA FALLS	Employer/Oc	cupation/Labor Organization				Form (Cash, Check, etc. Check
CLYAhogA FALLS	O State	Zip Code 44223	/ C	20	2//	Amount 50,00
Full Name of Contributor	-		Regist	ration No	imber, if	
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Check, etc.
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	<del></del>		Registr	ation Nu	mber, if I	PAC
Street Address	Employer/Occ	rupation/Labor Organization		•		Form (Cash, Check, etc.)
City	State	Zíp Code	М	D	Yį	Amount
Full Name of Commbutor	<u>'</u>		Registr	ation Nu	mber, if F	AC
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.)
City .	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	ation Nu	mber, if P	AC
Street Address	EmployenOcci	upation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	P	Y	Amount
Full Name of Contributor			Registra	ition Nu	nber, if P	AC
Street Address	Employer/Occi	upation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Cade	М	D	Y	Amount
Full Name of Contributor			Registra	ition Nur	nber, if P.	AC :-
Street Address	Employer-Occu	upation Labor Organization®				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount :
Full Name of Contributor			Registra	uon Nur	nber, if P.	AC
Street Address	Employer-Occu	rpation Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount

Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]

31-B

R.C. 3517.10

#### **Statement of Expenditures**

Page \_\_\_\_

Prescribed by Secretary of State 2/01

Name of Committee in Full	1) /2	NULTHO-		
Name of Committee in Full  FINGER CRHINIC  To Whom Paid  O. S. POSTMASTER  Address	<u> </u>	po-portal call	MOJAYA	762.03
Address		ALLER POS	4990	100.00
Cleveland	State	Zip Code	Check Number	
To Whom Paid		127101	The second liverage and the se	houni
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Pard		A S	M D Y	(frount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	frount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	țiouni
Address	Purpose			
Спу	State	Zip Code	Check Number	
To Whom Paid			M D Y A	ноип
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	prount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	nouni
Address	Purpose			
aty	State	λip Code	Check Number	
				Anne (Mess on Version Sept.)

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# **Statement of Outstanding Debts**

Prescribed by Secretary of State 2/01

11-07/11/7/0	Pnor Amount	1 15		Amt. Incurred this Period
	59	1 15		
		TON	}	0
	Item of Purpos	se of Debt		594.15
Les La Late	HUV			017.10
0 6 44223	1	Date	Payments 7	This Perioù Amount
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	M	D	Y	
	50 <b>X</b> 1	D	Y	
	- 91			
	Pnor Amount	2		Amil. Incurred this Period
	(	)		Outstanding Balance
				2200 100
State   Zip Code	no ve			
0444223	l	Date	Payments	Amount Amount
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	M		'	
	Mi	D	Y	
	9		!	
	Prior Amou	<u></u>		Anit. Incurred this Period
	Hem or Port	ose of Debt		Outstanding Balance
	1 ()	1 0	2	147.00
State Zip Code	1	J	Payment	s This Period
		Date	1 12	Amount
10 12 1	7	U	1	ľ
1101191	/	D	Y	
	877		1	
	Mi	D	) )	
	100	Ŷ		
	State Zip Code O H 2423 M O 4 O 4 177	No	Prof Amount  State Zip Code  O H 24223  Date  M D  M D  M D  M D  M D  Prof Amount  O D  Item or Purpose of Debt  POSAAG  NI D  Item or Purpose of Debt  O U V N  M D  Item or Purpose of Debt  O D  M D  M D  M D  M D  M D  M D  M D	No

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance column. (Familier total outstanding debt amount to the cover page forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$	<i>O</i>	(also record on Form 31-B
Total Outstanding Balance 5	11593,65	talso record on cover page

31-N RC 2517101

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Page	

# Statement of Outstanding Debts

Prescribed by Secretary of State 2:01

Whom Owed	Thurston Com char	Prior Amount		Amt. Incurred this Period
RICK Klinger		5000		0
ddress		Item or Purpose of D	ebt	Outstanding Balance
1715. 17th		A DV.		5000:00
iny 8 1 + 1/2 .	State Zip Code	Dat		This Period Amount
COY: PAUS	M. D Y	M D	Y	5
ate Debt was originally Incurred	0.42:4113			100
egistration Number, if PAC	S. Land C. Marchael	M D	Y	-1
		M D	Y	
a whom Owed		Effer Viscotii	7	After Incurred the Person
KICK RINGER		161.8	eht:	Quintanding Balance
1715 17th		ADV		161.97
in /	state i Zip Code			This Period
CUY FALLS	04 74.223	Dat D	ρ \ \Υ*	Amount
Date Debt was originally locurred	1031613			
Registration Number, if PAC		M D	¥ĵ	
			Y	
		VI D		
To Whom Owed		Prior Amount	100000	Anit. Incurred this Period
RICK Klinger		522.		0
Address		Item of Purpose of I	Debt	Outstanding Balance
1715 /7th		ADV		37770
1 B 1/-	044427			s This Period
CUY, PAUS	01/1100	71 D	le `	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Date Debt was originally Incurred	021413	3		
Registration Number, if PN		M. D	Y	
Mark Control of the C		M D	1 4	1
		85.		1
If a debt is furgiven, write "Forgiven" in the "Outstanding Balance" colum	nn. Transfer total of a l. pa-ments made	in this period to the Sta	ement of Expe	nditures (Form No. 31-B). To
fra debt is forgiven, write transfer and the validations because condi- firgiven should be included in the In-K ind Contributions Received (Form	a No. 31-3-45. Transfer total caustanding of	lebt amount to the cove	t bañe	
Total Payments this Period S O talso rec	ort in Form 31-Ri			
Total Payments this Period 5	NA 10 1 10 10 1 2 10 2			

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### **Statement of Outstanding Debts**

Prescribed by Secretary of State 2/01

Name of Committee		- the	
KIINGER CHI	APAIGN COME	uttee	
Name of Committee Klinger Chr. Whom Owed Rick Klinger		220,00	Arnt, Incurred this Period
ress RICK KINGER			Outstanding Balance
1715. 17th	172 11 4	A.DV.	220.00
CUV, FALK	5 to 10 Zip Code  8 h 44223	Payme Date	nts This Period Amount
te Debt was originally incurred	016211	3 M D Y	\$
istration Number, if PAC	0162111	M D Y	
	re, to gran I Korfm		- T
	ay to take the	VE D Y	
A hom Owed	A STATE OF THE STA	372.75	Ann Incurred this Period
tress	-	frem in Purpose of Deht	Outstanding Balance
1715 1750		ADV.	372.75
0 1/4	State / Zip Code		nts This Period
CUY FAUS	0n 7900	Date Y	Amount
te Debt was originally incorred	051013	3 4 4 4 4	1
eistration Number, if PAC		M D Y	
		ME D Y!	
Whom Owed		Prior Amount	Anit, incurred this Period
RICK Klinger		230	0
1715 /7th		Item or Purpose of Debt	Outstanding Balance
CINI FIRE	04 4420		ents This Period
te Debt was originally Incurred	: 11 1	N D N	i i
nstration Number of PAC		M D Y	
		M D Y	
debt is furgiven, write "Forgisen" in the "Outstanding Balance" colum	nn Transfer total at all payments made	in this period to the Statement of Ex-	penditures (Form No. 31-B). Total âm
iven should be included in the In-K ad Contributions Received Form	0 6 6	actor annount at the cover page	
il Payments this Period \$ (also reco	rd on Form 31-B)		
Outstanding Balance S 11593.65 (also rec			

BARRETT BROTHERS,	Springfield, Ohio	1-800-322-7711
31-N		
R.C. 3517 10		

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age	
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#### **Statement of Outstanding Debts**

Prescribed by Secretary of State 2/01

From Annount Formation Number. If PAC  Whom Overed Klinger Charger Processing State Continuing Balance Conti	<u> </u>			
Date Programment fin Person Amount  N. D. J. J. M. D. Y. S. D. J. J. M. D. Y. S. D. J.	ill Name of Committee Klinger Ci	MUPRISH C	umittee	?
Date Programment fin Person Amount  N. D. J. J. M. D. Y. S. D. J. J. M. D. Y. S. D. J.	Whom Owed  RICK KINDOR		Prior Amount	Amt. Incurred this Period
Date Payments This Period  Whom Cheed  Proof Amount  Amount  Annount  Annou	1715 17th		Item of Purpose of Debt	Outstanding Balance
the Debt was originally Incurred  Whom Gaed  Rick Klinger  Whom Gaed  Rick Klinger  Whom Gaed  Rick Klinger  Item or Purpose of Debt  Oustanding Balance  Payments This Period  Amount  Anti. Incurred this Period  Amount  Am	Pustous Fills	State Zip Code	?   '	ayments this reriod
Whom Clack  Rick Klinger  And incurred this Period  Area incurred this Period  Area incurred this Period  Amount  Item or Purpose of Debt  Outstanding Balance  Payments This Period  Amount  Date  Amount  And. incurred this Period  Amount  A		08 241		Y S
Whom One d  Whom O	istration Number, if PAC	00001	M. D	i I
Rick Klinger  7.75 174 S4  2.40 Code  2.40 Date  2.40 Date  2.40 Date  2.40 Date  2.40 Date  2.40 Date  3.40 D			M D	Y
Item or Purpose of Debt   Outstanding Balance	Rick Klinner		Prior Amount	Amt, Incurred this Period
Payments This Period Amount  The Debt was originally Incurred  M. D. Y. M. D. Y.  Mynom. Owed  Circk Klinger  Mynom. Owed  Circk Klinger  Mynom. Owed  Mynom. Owe	1715 17+2 St		hem or Purpose of Debt	Outstanding Balance
Whom Owed  Whom Owed  Details Item or Purpose of Debt  Outstanding Balance  Payments This Period  Amount  Amount  Details Item or Purpose of Debt  Outstanding Balance  Payments This Period  Amount  Amount  Details Item or Purpose of Debt  Outstanding Balance  Payments This Period  Amount  Amount  Details Item or Purpose of Debt  Outstanding Balance  Payments This Period  Amount  Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B) Total as the should be included in the In-Kind Commbusion's Received (Form No. 31-B) Transfer total outstanding debt amount to the cover page.	ENAHOGA EXILS OH	12 te   Zip Code   O h 4422		•
Whom Owed    Prior Amount	te Debt was originally Incurred	M. D Y	M D	Y
Whom Owed    Color   C	estration Number, if PAC		M D	Y
Rick Ringer  Item or Purpose of Debt  Outstanding Balance  Item or Purpose of Debt  Outstanding Balance  Payments This Period  Aniount  Aniount  Debt was originally Incurred  M. D. Y. S.  Item or Purpose of Debt  Outstanding Balance  Payments This Period  Aniount  M. D. Y. S.  Item or Purpose of Debt  Outstanding Balance  Payments This Period  Aniount  M. D. Y. S.  Item or Purpose of Debt  Outstanding Balance  Payments This Period  Aniount  M. D. Y. S.  Item or Purpose of Debt  Outstanding Balance  Payments This Period  Aniount  M. D. Y. S.  Item or Purpose of Debt  Outstanding Balance  Payments This Period  Aniount  This Period  Aniount  M. D. Y. S.  Item or Purpose of Debt  Outstanding Balance  Payments This Period  Aniount  This Period  This Period  Aniount  This Period  Aniount  This Period  This P			M, Di	Y
Payments this Period   Payments This Period   Payments This Period   Amount	RICK Klinger		Prior Amount	Amil. Incurred this Period
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te Debt was originally Incurred  M. D. Y. M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D. Y.  M. D	CUMADOA EALK	State 7 p (inde		
debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total a ven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.  [Payments this Period \$	7 '	M. D Y	M. D	Y
lebt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total a ven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.  [Payments this Period \$	istration Number, if PAC	<del>-</del>	M D	Y
I Payments this Period \$			M. D	Y
Payments this Period \$	debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. I iven should be included in the In-Kind Contributions Received (Form No	Fransfer total of all payments made 31-J-1) Transfer total outstanding	in this period to the Statement debt amount to the cover page.	of Expenditures (Form No. 31-B). Total and
l Outstanding Balance S 11593 - 65 (also record in Giver page)			, and a second page.	
	Outstanding Balance S 11593-65 (also record in	in cover page)		

31-C R.C. 3517.10

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## Statement of Loans Received

2. 6	Prescribed by Secretary of State 2/01		19
Full Name of Committee Klinger C	PAMPAIGN COMM		
From Whom Received RICK A CAROL K	linear	5 000.00	Amt, Incurred this Period
Address 1715 17 th St			Outstanding Balance
City State Zip Code CWADOW FALK OLD 44223	Losus Received This Period	Payments Date	This Period Amount
Date Loan was originally incurred	M. D Y S	M D Y	S
originally Incurred / U U U / Registration Number, if PAC	M D Y	M D Y	
Employer Occupation Labor Organization	Ni Di V	M D: Y	
From Whom Received & CAROL KLING	eR	Prior Amount	Arnt. Incurred this Period
From Whom Received KAROL KLING Address 1715 17 th 5+			0
CLYA HUGH FALLS O'h 441223	Loans Received This Period Date Amount	Date	This Period Amount
Date Loan was originally Incurred 040298	D Y S	M D Y	3
Registration Number, if PAC	N. D 4		
Employer/Occupation Labor Organization	M D Y	M D Y	
From Wham Received & CAROL KLIA	ISER	Prior Amount	Amt incurred this Period
1715 174	J		Outstanding Balance
CUYAhugA FALK Oh G4/223	Loans Received This Period Date Amount	Date	This Period Amount
Date Loan was originally Incurred	M! DI Y S	M D Y	3
Registration Number, if PAC	M D Y	M D Y	
Employer Occupation Labor Organization	ME D Y	M D Y	
If a loan is forgiven, write "Forgiven" in the "Outstanding Income (Form No. 31-A-2). Transfer total of all payments in Balance to the Cover page (Form No. 30-A).	Balance" space. Transfer total of all loans nade in this period to the Statement of Exp	received this period to the anditures (Form No. 31-	ne Statement of Other B). Transfer Outstandin
Total prior amount S 69,000	ar i		3
Total received this period:	_ (To Form No. 31-A-2)	8	
Total payments this period S	(To Form No. 31-B)		
Total Outstanding Balance S - 69,000	(To Form No. 30-A)		*

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31-C R.C. 3517.10

# Statement of Loans Received

Prescribed by Secretary of State 2/01

	Frescribed by Secretary of Secretary		
all Name of Committee Kinger	CAUPAIGN COM	rittee	
om Whom Received	W/mens	5000 00	Aint. Incurred this Period
dress RICK & CNEW!	- North		Outstanding Balance
1715 17th St			5000
State Zip Code	223 Loans Received This Period	Payments Date	This Period Amount
MI D	Y M D Y S	М О У	s
te Loan was Iginally Incurred	01		
sistration Number, if PAC	M D Y	M D Y	
ployer Occupation Labor Organization	M. D. Y.	M D Y	
om Whom Received	1	Shior Amount 2528.90	Amt. Incurred this Period
om Whom Received KICK & CAROL KI	NOCK		Outstanding Balance
715 17 th St			2-0-
st ate   Zip Code	1 1 Loans Received This Period	Payment Date	This Period Amount
LYANUGH FRUS OILLETO	Y N D Y 5	M D Y	S
ate Loan was	97	7 3	<u> </u>
riginally Incurred O O O O	N. 12 Y	14 D Y	
mplayer/Occupation Labor Organization	M D Y	M D Y	
		Prior Amount	mt. Incurred this Period
RICK & CAROL &	1111000	\$19.000	***
ddress	W/NGCR		Outstanding Balance
ノフノビ ノフォー			19,000
EVA hoga FALK Oh CH	Loans Received This Period Date Amount	Date	ts This Period Amount
Pate Loan was	Y M. D. Y S	M D Y	\$
originally Incurred CILU	y p y	M D Y	100
egistration , Summer. It PAC			l
niployer Occupation Labor Organization	M D Y	MI D Y	
	1) Ž		(
ncome (Form No. 31-A-2). Transfer total of all pa	standing Balance" space. Transfer total of all loar ayments made in this period to the Statement of Ex	ns received this period to openditures (Form No. 3)	the Statement of Other -B). Transfer Outstand
lalance to the Cover page (Form No. 30-A).	٠.		
Total prior amount S	269,000		
Total received this period S.	(To Form No. 31-A-2)	2.10	
Total payments this period 5	(To Form No. 31-B)		
Total Outstanding Balanc - 69,000	(To Form No. 30-A)		

31-C R.C. 3517.10

# Statement of Loans Received

Page \_\_\_\_\_

	Prescribed by Secretary of State 2/01		
Full Name of Committee Klinger C	MUDAIGN CONVU	ittee	
From Whom Received	Linear	Prior Amount 5000	Amt. Incurred this Period
Address 1715 17 +V S+	77.09		Outstanding Balance
City State Zip Code	Loans Received This Period	Payments Date	This Period Amount
Date Loan was	Date Amount M: Dr Y \$	M D Y	15
originally Incurred O ( ) A O O	M D Y	M D Y	
Employer Occupation Labor Organization	M D Y	M D: Y	
From Whan Received	- C	Prior Amount	Anit. Incurred this Period
RICK & CAROL KLING	e K	101000	Outstanding Balance
City State Zip Code	Loans Received This Period	Payments	This Period
CLYAhugh FALLS O'TO CETILOS	Date Amount  N D Y S	Date M D Y	S
Date Loan was originally Incurred  Registration Number, if PAC	M W M	MI DI Y	
Employer/Occupation Labor Organization	M D Y	M D Y	
Complete Decorate		Prior Amount	Amt. Incurred this Period
RICKY CAROL KLIA	JER	15,000	Outstanding Balance
1715 17+			15,000
CUXAhogA FALK O'h G4223	Loans Received This Period  Date Amount  M! Di Y: 5	Payment Date Mi D Y	3 This Period Amount
Date Loan was originally Incurred			
Registration Number, if PAC	M D Y	M D Y	
Employer Occupation Labor Organization	M D V	M D Y	
If a loan is forgiven, write "Forgiven" in the "Outstanding Income (Form No. 31-A-2). Transfer total of all payments Balance to the Cover page (Form No. 30-A).	Balance" space. Transfer total of all loans made in this period to the Statement of Exp	received this period to enditures (Form No. 31	the Statement of Other -B). Transfer Outstanding
1 Total prior amount S 69, 000			
<sup>2</sup> Total received this period S	_ (To Form No. 31-A-2)		
<sup>3</sup> Total payments this period S	(To Form No. 31-B)		
<sup>4</sup> Total Outstanding Balance S 69 000	(To Form No. 30-A)		