

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Mike Elicson for School Board Committee						
Full Name of Contributor					Registration Number, if PAC	
SUZAN SABOL						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
820 S HIGH ST		ATTY			CHK	
City	State	Zip Code	Mo	Da	Yr	Amount
COLS	OH	43206	1	0	9 0 7	\$50.00
Full Name of Contributor					Registration Number, if PAC	
WILLIAM WARDLE						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
553 INNER CIRCLE		RETIRED			CHK	
City	State	Zip Code	Mo	Da	Yr	Amount
THE VILLAGES	FL	32162	1	0	9 0 7	\$50.00
Full Name of Contributor					Registration Number, if PAC	
CMTE FOR DEWEY STOKES						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
250 WILLOW BEND LN		RETIRED			CHK	
City	State	Zip Code	Mo	Da	Yr	Amount
COLS	OH	43204	1	0	9 0 7	\$100.00
Full Name of Contributor					Registration Number, if PAC	
MJ WARDLE						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
12 BLACK OAK CT					CHK	
City	State	Zip Code	Mo	Da	Yr	Amount
SIMPSONVILLE	SC	29680	1	0	9 0 7	\$25.00
Full Name of Contributor					Registration Number, if PAC	
PHIL HARMON						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
5312 LONGRIFLE		ATTY			CHK	
City	State	Zip Code	Mo	Da	Yr	Amount
COLS	OH	43081	1	0	1 2 0 7	\$50.00
Full Name of Contributor					Registration Number, if PAC	
CHARLES W JEWELL						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
866 OAKRIDGE DR		RETIRED			CHK	
City	State	Zip Code	Mo	Da	Yr	Amount
BOARDMAN	OH	44512	1	0	1 2 0 7	\$25.00
Full Name of Contributor					Registration Number, if PAC	
DOUGALS PREISSE						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
41 S HIGH ST		VAN METER			CHK	
City	State	Zip Code	Mo	Da	Yr	Amount
COLS	OH	43215	1	0	1 2 0 7	\$200.00
Full Name of Contributor					Registration Number, if PAC	
RBRT BASBAGILL						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
668 YON KIN PKWY		SWACO			CHK	
City	State	Zip Code	Mo	Da	Yr	Amount
COLS	OH	43207	1	0	1 2 0 7	\$75.00

* 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)]

Page Total **\$575.00**

\$2095 TOTAL