

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full ELECT KLEIN SCHOOL BOARD										
Full Name of Contributor ANGELO FIELDS						Registration Number, if PAC				
Street Address 522 MOHAWK ST.			Employer/Occupation/Labor Organization* ANHEUSER-BUSCH/MICROBIOLOGIST				Form (Cash, Check, etc.) CASH			
City COLUMBUS			State OH		Zip Code 43206		M 1	D 0	Y 3	Amount 60.00
Full Name of Contributor MICHAEL KLEIN						Registration Number, if PAC				
Street Address 5667 JERSEY DR.			Employer/Occupation/Labor Organization* ANHEUSER-BUSCH/ANALYST				Form (Cash, Check, etc.) CASH			
City NEW ALBANY			State OH		Zip Code 43054		M 1	D 1	Y 5	Amount 100.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/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, 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 appear. [R.C. 3517.10(B)(4)]