

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Klein School Board							
Full Name of Contributor Kris Klein					Registration Number, if PAC		
Street Address 3668 Long Blvd Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Cocoa	State FL	Zip Code 32926	M 08	D 03	Y 07	Amount 50.00	
Full Name of Contributor Friends of O'Grady Committee					Registration Number, if PAC		
Street Address 271 E. STATE ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City COLUMBUS	State OH	Zip Code 43215	M 08	D 23	Y 07	Amount 250.00	
Full Name of Contributor Everyone for Edward Leonard					Registration Number, if PAC		
Street Address 1858 Woodside Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Marionville	State OH	Zip Code 43040	M 08	D 24	Y 07	Amount 250.00	
Full Name of Contributor Mattie Klein					Registration Number, if PAC		
Street Address 5667 Jersey Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City New Albany	State OH	Zip Code 43054	M 08	D 27	Y 07	Amount 34.00	
Full Name of Contributor Teamsters Local 957					Registration Number, if PAC 08556		
Street Address 2719 Armstrong Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dayton	State OH	Zip Code 45414	M 08	D 25	Y 07	Amount 50.00	
Full Name of Contributor David Stewart					Registration Number, if PAC		
Street Address 5705 Decker Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State OH	Zip Code 43054	M 08	D 30	Y 07	Amount 100.00	
Full Name of Contributor Larry Hoff					Registration Number, if PAC		
Street Address 5665 Sugarwood Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State OH	Zip Code 43054	M 09	D 07	Y 07	Amount 50.00	
Full Name of Contributor Ross LaPerna					Registration Number, if PAC		
Street Address 7540 Alpath Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State OH	Zip Code 43054	M 09	D 07	Y 07	Amount 50.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **834.00**