

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Klein School Board							
Full Name of Contributor Bud Zappitelli					Registration Number, if PAC		
Street Address 7558 Schleppi Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State OH	Zip Code 43054	M 11	D 09	Y 07	Amount 500.00	
Full Name of Contributor Jennifer Lopez					Registration Number, if PAC		
Street Address 4289 Vaux Link		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State OH	Zip Code 43054	M 11	D 09	Y 07	Amount 500.00	
Full Name of Contributor Scott Herd					Registration Number, if PAC		
Street Address 5103 Emerald Lakes Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Powell	State OH	Zip Code 43065	M 11	D 12	Y 07	Amount 100.00	
Full Name of Contributor TEAMSTERS UNION LOCAL NO. 284					Registration Number, if PAC		
Street Address 555 E. RICH ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43215	M 11	D 15	Y 07	Amount 500.00	
Full Name of Contributor MICHAEL T. WEDEKIND					Registration Number, if PAC		
Street Address 4397 COPENHAGEN CROSSING DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State OH	Zip Code 43054	M 11	D 16	Y 07	Amount 200.00	
Full Name of Contributor COLEMAN FOR OHIO					Registration Number, if PAC		
Street Address 3886 N. HIGH ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43214	M 11	D 18	Y 07	Amount 250.00	
Full Name of Contributor MENTAL FOR COUNCIL					Registration Number, if PAC		
Street Address 3886 N. HIGH ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43214	M 11	D 19	Y 07	Amount 250.00	
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	

* 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 \$ 2300.00