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R.	C.	35	17.	10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	<u> </u>							
Elect Klein School Board								
		Registration Number, if PA	AC					
			Form (Cash, Check, etc.)					
State	12ip code 143054	0608017	Amount					
Mckee		Registration Number, if PA	AC					
	ation/Labor Organization*		Form (Cash, Check, etc.)					
State	Zip Code 48406	06 2007	Amount 50, 60.					
		Registration Number, if PA	C					
Employer/Occup.	ation/Labor Organization*		Form (Cash, Check, etc.)					
State	12ip Code 143209	0620 017	Amount // / / / / / /					
		Registration Number, if PA						
Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)					
O H	Zip Code 43201	0629017	$\mathcal{A}().00$					
Full Name of Contributor Registration Number, if PAC Registration Number, if PAC								
Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)					
State	Zip Code 43054	017 214 07	Amount 150.00					
		Registration Number, if PA	AC .					
Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)					
State	2ip Code 43214	017 216 017	Amount 200,00					
		Registration Number, if PA	AC .					
Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)					
State	Zip Code 43215	080207	Amount 300.00					
Full Name of Contributor TeamSters Local 413 Registration Number, if PAC								
Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)					
State	Zip Code 43215	080307	Amount ()().()()					
	Employer/Occup State O H MCKeQ Employer/Occup State O H Employer/Occup State O H Employer/Occup State O H Employer/Occup State O H Employer/Occup	Employer/Occupation/Labor Organization* State Zip Code 4/3054 MCKCQ Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code 4/3209 Employer/Occupation/Labor Organization* State Zip Code 4/3201 Employer/Occupation/Labor Organization* State Zip Code 4/3201 Employer/Occupation/Labor Organization* State Zip Code 4/3044 Employer/Occupation/Labor Organization* State Zip Code 4/32/4 Employer/Occupation/Labor Organization* State Zip Code 4/32/4 Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*					

* 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 \$ 1:620.00