

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full MIKE ELICSON FOR SCHOOL BOARD COMMITTEE						
Full Name of Contributor ELIZABETH COOKE				Registration Number, if PAC		
Street Address 5718 JOHNSTOWN RD		Employer/Occupation/Labor Organization* ATTY		Form (Cash, Check, etc.) CHK		
City NEW ALBANY	State OH	Zip Code 43054	Mo 1	Da 0	Yr 26	Amount \$100.00
Full Name of Contributor MARY M SIMON				Registration Number, if PAC		
Street Address 663 CARPENTER ST		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHK		
City COLS	State OH	Zip Code 43205	Mo 1	Da 0	Yr 26	Amount \$20.00
Full Name of Contributor GINNI RAGAN				Registration Number, if PAC		
Street Address 546 WESTBURY WOODS CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHK		
City WESTERVILLE	State OH	Zip Code 43081	Mo 1	Da 0	Yr 30	Amount \$200.00
Full Name of Contributor WILLIAM CURLIS				Registration Number, if PAC		
Street Address 865 MACON ALLEY		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHK		
City COLS	State OH	Zip Code 43206	Mo 1	Da 0	Yr 30	Amount \$50.00
Full Name of Contributor JAMES HILDENBRAND				Registration Number, if PAC		
Street Address PO BOX 06237		Employer/Occupation/Labor Organization* REALTOR®		Form (Cash, Check, etc.) CHK		
City COLS	State OH	Zip Code 43206	Mo 1	Da 0	Yr 30	Amount \$25.00
Full Name of Contributor AMBROSE WARDLE IV				Registration Number, if PAC		
Street Address 5821 DREW AVE S		Employer/Occupation/Labor Organization* TARGET		Form (Cash, Check, etc.) CHK		
City EDINA	State MN	Zip Code 55410	Mo 1	Da 1	Yr 05	Amount \$50.00
Full Name of Contributor COMMITTEE FOR LARRY FLOWERS - SINNOTT				Registration Number, if PAC		
Street Address 14 E GAY ST # 200		Employer/Occupation/Labor Organization* ATTY		Form (Cash, Check, etc.) CHK		
City COLS	State OH	Zip Code 43215	Mo 1	Da 1	Yr 01	Amount \$100.00
Full Name of Contributor WES RAHE				Registration Number, if PAC		
Street Address 2050 CANNINGTON CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City COLS	State OH	Zip Code 43229	Mo 1	Da 1	Yr 01	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 also appear. [R.C. 3517.10(B)(4)]

Page Total ~~\$425.00~~

595.00