

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full ELECT KLEIN SCHOOL BOARD											
Full Name of Contributor MICHAEL R. KLEIN						Registration Number, if PAC					
Street Address 5667 JERSEY DR.			Employer/Occupation/Labor Organization* ANALYST				Form (Cash, Check, etc.) CASH				
City NEW ALBANY			State OH		Zip Code 43054		M 08		D 13	Y 10	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
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
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City			State		Zip Code		M		D	Y	Amount
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City			State		Zip Code		M		D	Y	Amount
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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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **250.00**