31-A
R.C. 3517.10

Page 3

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Elect Klein School Board								
Full Name of Contributor							Registration Number, if PAC	
Charles Miceli								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
7055 Keesee Circle								check
City	State	Zip Code	M	D	Y			Amount
New Albany	OH	43054	09	12	017			50.00
Full Name of Contributor							Registration Number, if PAC	
Tactical Edge Ltd.								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
929 Harrison Avenue Suite 305								check
City	State	Zip Code	M	D	Y			Amount
Columbus	OH	43215	09	19	017			250.00
Full Name of Contributor							Registration Number, if PAC	
Marilyn Brown								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
34 West Poplar Avenue								check
City	State	Zip Code	M	D	Y			Amount
Columbus	OH	43215	09	14	017			75.00
Full Name of Contributor							Registration Number, if PAC	
Deena Bowers								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
7026 Gray Loop								check
City	State	Zip Code	M	D	Y			Amount
New Albany	OH	43054	09	28	017			100.00
Full Name of Contributor							Registration Number, if PAC	
Columbus Franklin County AFL-CIO PCE								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
1545 Alum Creek Dr. 2nd FL.								check
City	State	Zip Code	M	D	Y			Amount
Columbus	OH	43209	10	01	017			200.00
Full Name of Contributor							Registration Number, if PAC	
Shawn McGrath								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
6954 New Albany Rd. East								check
City	State	Zip Code	M	D	Y			Amount
New Albany	OH	43054	10	05	017			100.00
Full Name of Contributor							Registration Number, if PAC	
Donald F. Cameron								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
4599 Herb Garden Drive								cash
City	State	Zip Code	M	D	Y			Amount
New Albany	OH	43054	10	09	017			100.00
Full Name of Contributor							Registration Number, if PAC	
Ross LaPerna								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
7540 Alpath Rd.								check
City	State	Zip Code	M	D	Y			Amount
New Albany	OH	43054	10	09	017			200.00

* 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 $ 1075.00