

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | | | |
|--|--|--------------------|---|--|---------------|-----------------------------|--|---------------|---------------|---------------|---------------------------|
| Name of Committee in Full McClellan For UA Schools | | | | | | | | | | | |
| Full Name of Contributor Jeff Loudon | | | | | | Registration Number, if PAC | | | | | |
| Street Address 1612 Essex Rd. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | |
| City Upper Arlington | | State OH | Zip Code 43221 | | M 0 | D 9 | Y 0 | Y 4 | Y 1 | Y 3 | Amount \$100.00 |
| Full Name of Contributor Michael Martz | | | | | | Registration Number, if PAC | | | | | |
| Street Address 2251 Adington Rd. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | |
| City Columbus | | State OH | Zip Code 43221 | | M 0 | D 8 | Y 3 | Y 1 | Y 1 | Y 3 | Amount \$50.00 |
| Full Name of Contributor Rob Mason | | | | | | Registration Number, if PAC | | | | | |
| Street Address 1666 Essex Rd. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | |
| City Upper Arlington | | State OH | Zip Code 43221 | | M 0 | D 9 | Y 0 | Y 4 | Y 1 | Y 3 | Amount \$100.00 |
| Full Name of Contributor Matthew McClellan | | | | | | Registration Number, if PAC | | | | | |
| Street Address 1673 Essex Rd. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | |
| City Upper Arlington | | State OH | Zip Code 43221 | | M 0 | D 7 | Y 0 | Y 8 | Y 1 | Y 3 | Amount \$100.00 |
| Full Name of Contributor Terry McClellan | | | | | | Registration Number, if PAC | | | | | |
| Street Address 1578 Roxbury Rd. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | |
| City Columbus | | State OH | Zip Code 43212 | | M 0 | D 8 | Y 3 | Y 0 | Y 1 | Y 3 | Amount \$500.00 |
| Full Name of Contributor Thomas McCormick | | | | | | Registration Number, if PAC | | | | | |
| Street Address 45 E. Prescott Pl. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | |
| City Columbus | | State OH | Zip Code 43215 | | M 0 | D 9 | Y 1 | Y 4 | Y 1 | Y 3 | Amount \$100.00 |
| Full Name of Contributor Scott McKenzie | | | | | | Registration Number, if PAC | | | | | |
| Street Address 2374 Brixton Rd. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | |
| City Columbus | | State OH | Zip Code 43221 | | M 1 | D 0 | Y 1 | Y 1 | Y 1 | Y 3 | Amount \$250.00 |
| Full Name of Contributor Bill Mead | | | | | | Registration Number, if PAC | | | | | |
| Street Address 2257 Abington Rd. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | | | | |
| City Columbus | | State OH | Zip Code 43221 | | M 0 | D 9 | Y 0 | Y 9 | Y 1 | Y 3 | Amount \$25.00 |

* 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 **\$1,225.00**