

Statement of Contributions Received

Prescribed by Secretary of State 03/05

FILED

13 DEC 13 PM 1:52

Name of Committee in Full McClelland for School Board					Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS				
Full Name of Contributor Friends of Faber					Form (Cash, Check, etc.) Check				
Street Address 7706 State Route 703		Employer/Occupation/Labor Organization*			City Celina		State OH		Zip Code 45822
					M 1		D 0		Y 7
					Amount \$500.00				
Full Name of Contributor Citizens for Obhof					Registration Number, if PAC				
Street Address 5206 Crown Pointe Drive		Employer/Occupation/Labor Organization*			City Medina		State OH		Zip Code 44256
					M 1		D 0		Y 1
					Amount \$500.00				
Full Name of Contributor Jason J. Mauk					Registration Number, if PAC				
Street Address 770 Sauter Lane		Employer/Occupation/Labor Organization*			City Blacklick		State OH		Zip Code 43004
					M 1		D 1		Y 1
					Amount \$500.00				
Full Name of Contributor Friends of Tom Patton					Registration Number, if PAC				
Street Address 17157 Rabbit Run Drive		Employer/Occupation/Labor Organization*			City Strongsville		State OH		Zip Code 44136
					M 1		D 0		Y 2
					Amount \$1,000.00				
Full Name of Contributor Tera D. Myhal					Registration Number, if PAC				
Street Address 4854 Brookview Circle		Employer/Occupation/Labor Organization*			City New Albany		State OH		Zip Code 43054
					M 1		D 0		Y 2
					Amount \$100.00				
Full Name of Contributor LaRose for Senate					Registration Number, if PAC				
Street Address 553 Royal Crest		Employer/Occupation/Labor Organization*			City Copley		State OH		Zip Code 44321
					M 1		D 0		Y 3
					Amount \$300.00				
Full Name of Contributor Committee for Jim Hughes					Registration Number, if PAC				
Street Address 52 E Gay Street		Employer/Occupation/Labor Organization*			City Columbus		State OH		Zip Code 43215
					M 1		D 1		Y 0
					Amount \$150.00				
Full Name of Contributor					Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*			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 **\$3,050.00**