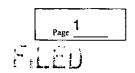
## **Statement of Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full McClelland for School Board				13 PM 1:52
Full Name of Contributor Friends of Faber			Registration Number, if	MAN COUNTY
Street Address	Employer/Occi	pation/Labor Organization*	RAARHA	Form (Cash, Check, etc.)
7706 State Route 703		ipation capacitation		Check
City Celina	State OH	Zip Code 45822	1 0 0 7 1 3	Amount \$500.00
Full Name of Contributor	<u> </u>		Registration Number, if I	AC
Citizens for Obhof Street Address		<del></del>	L	To be obstanced
5206 Crown Pointe Drive	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.) Check
City Medina	State OH	Zip Code 44256	1 0 1 2 1 3	Amount \$500.00
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registration Number, if F	
Jason J. Mauk				
Street Address 770 Sauter Lane	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.) Check
<sup>City</sup> Blacklick	State OH	Zip Code 43004	1 1 1 6 1 3	Amount \$500.00
Full Name of Contributor Friends of Tom Patton			Registration Number, if P	'AC
Street Address 17157 Rabbit Run Drive	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Strongsville	State OH	Zip Code 44136	M D Y	Amount \$1,000.00
Full Name of Contributor Tera D. Myhal	1		Registration Number, if P	AC
Street Address 4854 Brooksview Circle	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State	Zip Code	M D Y	Amount
New Albany	ОН	43054	1 0 2 4 1 3	\$100.00
Full Name of Contributor  LaRose for Senate			Registration Number, if P	AC
Street Address 553 Royal Crest	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Copley	State OH	Zip Code 44321	1 0 3 1 1 3	Amount \$300.00
Full Name of Contributor  Committee for Jim Hughes			Registration Number, if P.	AC
Street Address 52 E Gay Street	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 1 0 4 1 3	Amount \$150.00
Full Name of Contributor	<del></del>		Registration Number, if P.	AC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount

Page Total \$3,050.00

<sup>\*</sup> 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)]