

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McClellan For UA Schools									
Full Name of Contributor Ron Scott, Jr.						Registration Number, if PAC			
Street Address 4391 Lyon Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 9	
						Y 1		Amount \$100.00	
Full Name of Contributor Elizabeth Seely						Registration Number, if PAC			
Street Address 4540 Helston Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 1		D 0	
						Y 0		Amount \$100.00	
Full Name of Contributor Robert Setterlin						Registration Number, if PAC			
Street Address 2028 Rosebery Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 1		D 0	
						Y 0		Amount \$50.00	
Full Name of Contributor Karri Schildmeyer						Registration Number, if PAC			
Street Address 1763 Upper Chelsea			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State OH		Zip Code 43212		M 0		D 8	
						Y 3		Amount \$50.00	
Full Name of Contributor Bob Stillman						Registration Number, if PAC			
Street Address 2033 Bedford Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43212		M 0		D 9	
						Y 0		Amount \$50.00	
Full Name of Contributor Matt Stout						Registration Number, if PAC			
Street Address 2808 Church Hill Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 9	
						Y 0		Amount \$100.00	
Full Name of Contributor Craig Sturtz						Registration Number, if PAC			
Street Address 1568 Guilford Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 9	
						Y 1		Amount \$50.00	
Full Name of Contributor Ben Thompson						Registration Number, if PAC			
Street Address 2011 W. Devon Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43212		M 0		D 9	
						Y 0		Amount \$100.00	

* 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 **\$600.00**