

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Rover For UA Schools													
Full Name of Contributor Gregory Guy						Registration Number, if PAC							
Street Address 2165 S Parkway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Upper Arlington		State O H		Zip Code 43221		M 0		D 9		Y 1 5		Amount 500.00	
Full Name of Contributor Matthew McClellan						Registration Number, if PAC							
Street Address 1673 Essex Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Upper Arlington		State O H		Zip Code 43221		M 0		D 9		Y 1 8		Amount 100.00	
Full Name of Contributor Rhoma Berlin						Registration Number, if PAC							
Street Address 2528 Onandaga Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Upper Arlington		State O H		Zip Code 43221		M 0		D 9		Y 3 0		Amount 100.00	
Full Name of Contributor Tracy Peters						Registration Number, if PAC							
Street Address 2039 Collingswood Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Upper Arlington		State O H		Zip Code 43221		M 1		D 0		Y 8 1		Amount 250.00	
Full Name of Contributor Adam & Eleanor Brandt						Registration Number, if PAC							
Street Address 246 Ashbourne Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Bexley		State O H		Zip Code 43209		M 1		D 0		Y 8 1		Amount 150.00	
Full Name of Contributor H. Scott McKenzie						Registration Number, if PAC							
Street Address 2374 Brixton Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43221		M 1		D 0		Y 8 1		Amount 100.00	
Full Name of Contributor Mark & Deborah Johnson						Registration Number, if PAC							
Street Address 1903 Brandwine Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Upper Arlington		State O H		Zip Code 43220		M 1		D 0		Y 8 1		Amount 100.00	
Full Name of Contributor Don & Jane Leach						Registration Number, if PAC							
Street Address 1236 Kenbrook Hills Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Upper Arlington		State O H		Zip Code 43220		M 1		D 0		Y 8 1		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 appear. [R.C. 3517.10(B)(4)]