

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 Wilkins					Registration Number, if PAC		
Street Address 1866 Glenn Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State OH	Zip Code 43212	M 0	D 9	Y 0	Amount \$50.00	
Full Name of Contributor Brent Wrightsel					Registration Number, if PAC		
Street Address 2245 Tremont Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 0	Amount \$75.00	
Full Name of Contributor Kurt Yoder					Registration Number, if PAC		
Street Address 2075 Fairfax Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 0	Amount \$250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor Lauria Aquilina					Registration Number, if PAC		
Street Address 2742 Marblevista Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43204	M 0	D 8	Y 3	Amount \$100.00	
Full Name of Contributor Associated Builders & Contractors, Inc. Central Ohio - PAC					Registration Number, if PAC OH 147		
Street Address 1725 B Jetway Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43219	M 0	D 9	Y 1	Amount \$400.00	
Full Name of Contributor Citizens for Mingo					Registration Number, if PAC		
Street Address 12364 Thoroughbred Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State OH	Zip Code 43147	M 0	D 8	Y 2	Amount \$250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	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)]