

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McClelland for School Board													
Full Name of Contributor Friends of Faber							Registration Number, if PAC						
Street Address 7706 State Route 703				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Celina		State OH		Zip Code 45822		M 1		D 2		Y 0		Amount 500.00	
Full Name of Contributor Citizens for Obhof							Registration Number, if PAC						
Street Address 5206 Green Point Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Medina		State OH		Zip Code 44256		M 1		D 2		Y 1		Amount 300.00	
Full Name of Contributor John William McClelland							Registration Number, if PAC						
Street Address 4143 Asbury Ridge Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43230		M 1		D 2		Y 1		Amount 150.00	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
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 \$ **950.00**