

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full McClellan For UA Schools										
Full Name of Contributor James Adamo						Registration Number, if PAC				
Street Address 2604 Henthorne Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Upper Arlington		State OH	Zip Code 43221		M 0		D 9		Y 0 4 1 3	
								Amount \$100.00		
Full Name of Contributor Antoinette Marie Allison						Registration Number, if PAC				
Street Address 2794 Clifton Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43221		M 0		D 9		Y 0 4 1 3	
								Amount \$100.00		
Full Name of Contributor Ted Amling						Registration Number, if PAC				
Street Address 1871 Coventry Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Upper Arlington		State OH	Zip Code 43212		M 0		D 9		Y 0 4 1 3	
								Amount \$75.00		
Full Name of Contributor Bill Anderson						Registration Number, if PAC				
Street Address 1873 Baldrige Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Upper Arlington		State OH	Zip Code 43221		M 0		D 9		Y 0 4 1 3	
								Amount \$100.00		
Full Name of Contributor Craig Auge						Registration Number, if PAC				
Street Address 3337 Somerford Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43221		M 0		D 9		Y 0 4 1 3	
								Amount \$50.00		
Full Name of Contributor Brian Barker						Registration Number, if PAC				
Street Address 1698 Berkshire Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43221		M 1		D 0		Y 1 2 1 3	
								Amount \$150.00		
Full Name of Contributor Kathleen Binau						Registration Number, if PAC				
Street Address 2654 Charing Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43221		M 0		D 9		Y 0 9 1 3	
								Amount \$25.00		
Full Name of Contributor Jack Bjerke						Registration Number, if PAC				
Street Address 2463 Danvers Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43220		M 0		D 9		Y 0 4 1 3	
								Amount \$500.00		

* 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)]