31-A	
R.C. 3517.10	

## **Statement of Contributions Received**

Page 6

Prescribed by Secretary of State 03/05

Name of Committee in Full McClellan For UA Schools			, , , , , , , , , , , , , , , , , , , ,	·		
Full Name of Contributor	Registration Number, if PAC					
Meredith Kauffman						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
1658 Essex Rd.				Check		
City	State	Zip Code	M D Y	Amount		
Upper Arlington	OH	43221	0 9 0 5 1 3	\$100.00		
Full Name of Contributor	• • • • • • • • • • • • • • • • • • •		Registration Number, if I	PAC		
Lauren Keeler						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				
1649 Essex Rd.						
City	State	Zip Code	0 9 0 4 1 3	Amount		
Upper Arlington	ОН	43221		\$100.00		
Full Name of Contributor		<u> </u>		Registration Number, if PAC		
Lauren Keeler						
Street Address	Employer/Occi	pation/Labor Organization	· ———	Form (Cash, Cheek, etc.)		
1649 Essex Rd.			<del></del>	Check		
City Happy Adjusted	State OH	Zip Code 43221	$\begin{bmatrix} M & D & Y \\ 1 & 0 & 1 & 4 & 1 & 3 \end{bmatrix}$	Amount \$1,000.00		
Upper Arlington	Un	TUZE				
Full Name of Contributor	Registration Number, if PAC					
John Landolfi			<u>.</u>	Fig. (Cash Charles )		
Street Address	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.)		
2006 Chatfield Rd.		7:- C-1-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check		
City Upper Arlington	State	Zip Code 43221	0 9 0 8 1 3	Amount \$500.00		
Full Name of Contributor		10221	Registration Number, if I	1		
Lan insure of Contubutor		•	registration retinioer, it i	iac		
Street Address	F (	unstignal shor Organization*		Form (Cash, Check, etc.)		
50000110000033	Employer/Occi	pation/Labor Organization		I san (Szan, Gross, Ster)		
City	State	Zip Code	M D Y	Amount		
	OH		1.1.			
Full Name of Contributor	1		Registration Number, if I	PAC		
Jane Leach						
Street Address	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.)		
1236 Kenbrook Hills	- Impoyenous	-L		Check		
City	State	Zip Code	M D Y	Amount		
Columbus	ОН	43220	0 8 2 8 1 3	\$250.00		
Full Name of Contributor			Registration Number, if	PAC		
William Gregory Guy						
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)		
2395 Club Rd.				Check		
City	State	Zip Code	M D Y	Amount		
Upper Arlington	OH	43221	090313	\$100.00		
Full Name of Contributor			Registration Number, if	PAC		
Karen Logan						
Street Address	Employer/Occi		Form (Cash, Check, etc.)			
4161 Kenny Rd.				Check		
City	State	Zip Code	M D Y	Amount		
Upper Arlington	OH	43220	0 9 0 4 1 3	\$150.00		

Page Total \$2,200.00

<sup>\*</sup> 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)]