

# FOR PAPER FILING ONLY

## Statement of Contributions Received

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Reset Form

Prescribed by Secretary of State 03/05

|                                                                       |                                                     |                                                                                 |               |                                          |                     |
|-----------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------|---------------|------------------------------------------|---------------------|
| Name of Committee in Full<br><b>Citizens for Responsible Taxation</b> |                                                     |                                                                                 |               |                                          |                     |
| Full Name of Contributor<br><b>Anonymous</b>                          |                                                     |                                                                                 |               | Registration Number, if PAC              |                     |
| Street Address<br><b>unmarked envelope, no return address</b>         |                                                     | Employer/Occupation/Labor Organization*<br><b>impossible to identify sender</b> |               | Form (Cash, Check, etc.)<br><b>Cash</b>  |                     |
| City                                                                  | State<br><b>OH</b> <input checked="" type="radio"/> | Zip Code                                                                        | M<br><b>0</b> | D<br><b>5</b>                            | Y<br><b>0 2 1 4</b> |
|                                                                       |                                                     |                                                                                 |               | Amount<br><b>\$45</b>                    |                     |
| Full Name of Contributor<br><b>Anonymous</b>                          |                                                     |                                                                                 |               | Registration Number, if PAC              |                     |
| Street Address<br><b>unmarked envelope, no return address</b>         |                                                     | Employer/Occupation/Labor Organization*<br><b>impossible to identify sender</b> |               | Form (Cash, Check, etc.)<br><b>Cash</b>  |                     |
| City                                                                  | State<br><b>OH</b> <input checked="" type="radio"/> | Zip Code                                                                        | M<br><b>0</b> | D<br><b>5</b>                            | Y<br><b>0 7 1 4</b> |
|                                                                       |                                                     |                                                                                 |               | Amount<br><b>\$30</b>                    |                     |
| Full Name of Contributor<br><b>Anonymous</b>                          |                                                     |                                                                                 |               | Registration Number, if PAC              |                     |
| Street Address<br><b>unmarked envelope, no return address</b>         |                                                     | Employer/Occupation/Labor Organization*<br><b>impossible to identify sender</b> |               | Form (Cash, Check, etc.)<br><b>Cash</b>  |                     |
| City                                                                  | State<br><b>OH</b> <input checked="" type="radio"/> | Zip Code                                                                        | M<br><b>0</b> | D<br><b>5</b>                            | Y<br><b>1 2 1 4</b> |
|                                                                       |                                                     |                                                                                 |               | Amount<br><b>\$50</b>                    |                     |
| Full Name of Contributor<br><b>Anonymous</b>                          |                                                     |                                                                                 |               | Registration Number, if PAC              |                     |
| Street Address<br><b>unmarked envelope, no return address</b>         |                                                     | Employer/Occupation/Labor Organization*<br><b>impossible to identify sender</b> |               | Form (Cash, Check, etc.)<br><b>Cash</b>  |                     |
| City                                                                  | State<br><b>OH</b> <input checked="" type="radio"/> | Zip Code                                                                        | M<br><b>0</b> | D<br><b>5</b>                            | Y<br><b>2 1 1 4</b> |
|                                                                       |                                                     |                                                                                 |               | Amount<br><b>\$40</b>                    |                     |
| Full Name of Contributor<br><b>William Gabel</b>                      |                                                     |                                                                                 |               | Registration Number, if PAC              |                     |
| Street Address<br><b>2140 N. Parkway Drive</b>                        |                                                     | Employer/Occupation/Labor Organization*                                         |               | Form (Cash, Check, etc.)<br><b>Check</b> |                     |
| City<br><b>Columbus</b>                                               | State<br><b>OH</b> <input checked="" type="radio"/> | Zip Code<br><b>43221</b>                                                        | M<br><b>0</b> | D<br><b>6</b>                            | Y<br><b>0 2 1 4</b> |
|                                                                       |                                                     |                                                                                 |               | Amount<br><b>\$100</b>                   |                     |
| Full Name of Contributor<br><b>Gary Cogley</b>                        |                                                     |                                                                                 |               | Registration Number, if PAC              |                     |
| Street Address<br><b>4366 Ingham Avenue</b>                           |                                                     | Employer/Occupation/Labor Organization*                                         |               | Form (Cash, Check, etc.)<br><b>Check</b> |                     |
| City<br><b>Columbus</b>                                               | State<br><b>OH</b> <input checked="" type="radio"/> | Zip Code<br><b>43214</b>                                                        | M<br><b>0</b> | D<br><b>6</b>                            | Y<br><b>0 2 1 4</b> |
|                                                                       |                                                     |                                                                                 |               | Amount<br><b>\$50</b>                    |                     |
| Full Name of Contributor                                              |                                                     |                                                                                 |               | Registration Number, if PAC              |                     |
| Street Address                                                        |                                                     | Employer/Occupation/Labor Organization*                                         |               | Form (Cash, Check, etc.)                 |                     |
| City                                                                  | State<br><b>OH</b> <input checked="" type="radio"/> | 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<br><b>OH</b> <input checked="" type="radio"/> | 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)]

Print Form

Page Total **\$315**