

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Responsible Taxation							
Full Name of Contributor Charlotte Assor					Registration Number, if PAC		
Street Address 1701 Tremont Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43212-1131	M 0	D 4	Y 0	Y 9	Amount \$50
Full Name of Contributor Linda Childs					Registration Number, if PAC		
Street Address 5382 Crossing Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH <input checked="" type="radio"/>	Zip Code 43016	M 0	D 4	Y 0	Y 4	Amount \$20
Full Name of Contributor Damon Asbury					Registration Number, if PAC		
Street Address 2530 Sonnington Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH <input checked="" type="radio"/>	Zip Code 43016	M 0	D 4	Y 0	Y 4	Amount \$50
Full Name of Contributor Melanie Myers					Registration Number, if PAC		
Street Address 4991 Francisco Glen Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 4322-	M 0	D 4	Y 0	Y 8	Amount \$100
Full Name of Contributor Michael Davala					Registration Number, if PAC		
Street Address 3330 River Place Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43221	M 0	D 4	Y 0	Y 6	Amount \$50
Full Name of Contributor Louie Enterprises LLC					Registration Number, if PAC		
Street Address 12710 W. Bank Drive NE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Millersport	State OH <input checked="" type="radio"/>	Zip Code 43046	M 0	D 4	Y 0	Y 7	Amount \$50
Full Name of Contributor Chris Yerington					Registration Number, if PAC		
Street Address 2558 Onandaga Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43221	M 0	D 4	Y 1	Y 0	Amount \$200
Full Name of Contributor William Gabel					Registration Number, if PAC		
Street Address 2140 N. Parkway Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43221	M 0	D 4	Y 1	Y 1	Amount \$200

* 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)]