

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for UA Schools									
Full Name of Contributor John Ness						Registration Number, if PAC			
Street Address 2730 Crafton Park			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 7	Y 2	Y 7	Amount \$200.00
Full Name of Contributor Scott Medors						Registration Number, if PAC			
Street Address 1690 Sundridge Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 7	Y 2	Y 7	Amount \$100.00
Full Name of Contributor John Royer						Registration Number, if PAC			
Street Address 1480 Dublin Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 7	Y 2	Y 8	Amount \$300.00
Full Name of Contributor Paula White						Registration Number, if PAC			
Street Address 4561 Belrose Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State OH	Zip Code 43220		M 0	D 7	Y 2	Y 8	Amount \$50.00
Full Name of Contributor Jane McMaster						Registration Number, if PAC			
Street Address 1804 Lake Shore Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43204		M 0	D 7	Y 2	Y 8	Amount \$50.00
Full Name of Contributor Christopher Cramer						Registration Number, if PAC			
Street Address 2060 Collingswood Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State OH	Zip Code 43221		M 0	D 7	Y 2	Y 9	Amount \$50.00
Full Name of Contributor F. Margaret Kennedy						Registration Number, if PAC			
Street Address 3730 Kennybrook Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43220		M 0	D 7	Y 2	Y 9	Amount \$25.00
Full Name of Contributor E. Ann Gabriel						Registration Number, if PAC			
Street Address 9 Westfield Place Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Athens		State OH	Zip Code 45701		M 0	D 7	Y 2	Y 9	Amount \$100.00

* 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)]