Page 1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full			AND STATE OF THE S			
Citizens for Change in UA Full Name of Contributor	1					
			Registra	ation Nur	mber, if P	AC
-See attached-						
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
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	State	Zip Code	M	D	Y	Amount
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or radiess	Employer/Occup	Employer/Occupation/Labor Organization*			F	Form (Cash, Check, etc.)
	State	Zip Code	М	D	Y A	lancount .
	State	Zip Code	IVI	ויי	1 ##	Amount

Page Total	\$ 2,095.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]