

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>U A CITIZENS FOR RESPONSIBLE ECONOMIC DEVELOPMENT</b>									
Full Name of Contributor <b>DONATOS PIZZA CORPORATION (LIANNE MCGLADE)</b>						Registration Number, if PAC			
Street Address <b>935 TAYLOR STATION RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS,</b>		State <b>OH</b>	Zip Code <b>43230</b>		M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>PERIODONTOLOGY, INC. (DR. H. WILLIAM STEHLE)</b>						Registration Number, if PAC			
Street Address <b>3600 OLENTANGY RIVER ROAD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43214</b>		M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>ERIK YASSENOFF</b>						Registration Number, if PAC			
Street Address <b>1990 HAMPSHIRE RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>UPPER ARLINGTON</b>		State <b>OH</b>	Zip Code <b>43221</b>		M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>DR. GEORGE WICK, DDS</b>						Registration Number, if PAC			
Street Address <b>1234 OLD HENDERSON RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43220</b>		M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>SCIOTO COUNTRY CLUB (GREG WOLF)</b>						Registration Number, if PAC			
Street Address <b>2196 RIVERSIDE DR</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>UPPER ARLINGTON</b>		State <b>OH</b>	Zip Code <b>43221</b>		M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>UPPER ARLINGTON VETERINARY HOSPITAL (ADAM PARSON)</b>						Registration Number, if PAC			
Street Address <b>2447 NORTHSTAR RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>UPPER ARLINGTON</b>		State <b>OH</b>	Zip Code <b>43221</b>		M <b>0</b>	D <b>2</b>	Y <b>1</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>ARLINGTON OPTICAL (TIMOTHY MCNEMAR)</b>						Registration Number, if PAC			
Street Address <b>1756 W. LANE AVE</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>UPPER ARLINGTON</b>		State <b>OH</b>	Zip Code <b>43221</b>		M <b>0</b>	D <b>1</b>	Y <b>0</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>RAISING CANE'S CHICKEN FINGERS (ROY GETZ)</b>						Registration Number, if PAC			
Street Address <b>2823 OLENTANGY RIVER RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43201</b>		M <b>0</b>	D <b>1</b>	Y <b>3</b>	Amount <b>\$25.00</b>	

\* 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)]