## **Statement of Contributions Received**

Page 16

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for UA Schools					
Full Name of Contributor  Jeff Schuster			Registration Number, if PAC		
Street Address 4013 Windermere Road	Employer/Occu	pation/Labor Organization*	L	Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43220	M D Y	Amount \$50.00	
Full Name of Contributor David Mislan			Registration Number, if	PAC	
Street Address 2526 Abington Road	Employer/Occu	pation/Labor Organization*	<u>,                                    </u>	Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	0 8 1 8 1 2	Amount \$25.00	
Full Name of Contributor Jodi Stechschulte				Registration Number, if PAC	
Street Address 1200 Brittany Lane	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	0 8 1 9 1 2	Amount \$50.00	
Full Name of Contributor Registratio  Jason Wulf			Registration Number, if	PAC	
Street Address 4035 Windermere Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	Starte OH	Zip Code 43220	0 8 1 9 1 2	Amount \$100.00	
Full Name of Contributor Deron Reisman	· "		Registration Number, if	PAC	
Street Address 2317 Dorset Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	0 8 2 0 1 2	Amount \$50.00	
Full Name of Contributor Margaret Concilla	·		Registration Number, if	PAC	
Street Address 4041 Fairfax Road	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	0 8 2 1 1 2	Amount \$100.00	
Full Name of Contributor  Huntington National Bank			Registration Number, if	PAC	
Street Address 41 S. High Street, HC0810	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	Stage OH	Zip Code 43215	M D Y O 8 2 1 1 2	Amount \$1,500.00	
Full Name of Contributor  Joseph Coffey			Registration Number, if	PAC	
Street Address 28215 Storms Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City West Mansfield	State OH	Zip Code 43358	M D Y 1 2 1 2	Amount \$30.00	

<sup>\*</sup> 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)]