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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	_							
Name of Committee in Full								
CITIZENS FOR FAIR TAXATION Full Name of Contributor Registration Number, if PAC								
Full Name of Contributor TEFFREY KLOSS			Registrat	ion Numb	et, if PAC	3		
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
889 BASBINGTON CTI			,			CASH		
City WESTERVILLE	State O //	43061	M 1 0	치0	14	Amount 20.00		
Full Name of Contributor CITIZENS CEASUF FOR EDUCATION AND RESEARCH Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
3800 RITAMARIE DR.	Employer/Occupa	non/Labor Organization			X)		
SOLUMBUS	State	Zip Code 43220	M	211	林	80,00		
Partial Control of the Control of th			Registra	ion Numb	er, if PAC	C -		
TERRY M-KEE								
Street Address	Employer/Occupation/Labor Organization*			_		Form (Cash, Check, etc.)		
City	State	Zip Code	T/M	D	R	CA5H Amount		
COLUMBUS 2000		43220	Ke	211	14	40.00		
Full Name of Contributor Registration Numb					er, if PAC	C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor	<u> </u>	<u> </u>	Registra	tion Numb	er. if PA	C		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*				·	Form (Cash, Check, etc.)		
City	State	Zip Code	М	Ð	Y	Amount		
,	[]							
Full Name of Contributor Registration Number, if PA						С		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Cin.	State	Zip Code	М	D	Y	Amount		
City	State	Zip Code	"	Ĭ	ĺ	Allouis		
Full Name of Contributor Registration Number, if PA					С			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
O'a.	C4-4-	Zin Code	М	l n	Y	Amount		
City	State	Zip Code	M	D	1	Amount		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
				1	1			
City	State	Zip Code	M	D	Y	Amount		
Required for contributions from individuals over \$100 to statewide and general		I oostributor is self-employe	d the occ	I I	d the non	ne of the		

* Required for contributions from individuals over \$100 to statewide and general assembly calculates. It contributes a contribute via payroll deduction and exceed the aggregate of \$100, the labor of t organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Page Total S