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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			<u> </u>				
Name of Committee in Full							
UA CITIZENS FOR RESPONSIBLE EC	CONO	MIC	DEVELOPMENT				
Full Name of Contributor	-			Registration Number, if PAC			
COLDWELL KING THOMPSON (SH.	<u>ARON</u>	<u> I CO</u>	OK)	<u>L</u>			
Street Address	Employe	r/Occup	ation/Labor Organization*	•		_	Form (Cash, Check, etc.)
3160 KINGSDALE CENTRE							CHECK
City	Sta	ate	Zip Code	М	D	Y	Amount
<u>UPPER</u> ARLINGTON		Н	43221	112	1 1	113	25.00
Full Name of Contributor				Registra	tion Nun	nber, if P	
WELLS FARGO (CHRIS WIDING)							
Street Address	Employe	т/Оссир	ation/Labor Organization*	•			Form (Cash, Check, etc.)
700 ACKERMAN RD., SUITE 400							CHECK
City	Sta	ite	Zip Code	М	D	Y	Amount
COLUMBUS	lol	Н	43202	1112	111	13	25.00
Full Name of Contributor	<u> </u>			Registra	tion Nun	- 0	
DR. GEORGE P. WICK, DDS							
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1234 OLD HENDERSON RD.	' '	_	•				CHECK
City	Sta	ite	Zip Code	М	D	Y	Amount
COLUMBUS	loi	Н	43220	1112	111	1 3	25.00
Full Name of Contributor	<u> </u>		13220		tion Nun		
						,	
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
	' '						,,
City	Sta	ite	Zip Code	M	D	ΙΥ	Amount
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Full Name of Contributor	<u> </u>		<u> </u>	Registra	tion Nur	ther if Pa	<u>.</u>
Street Address	Employe	r/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)		
City	Sta	ite	Zip Code	M	D	Υ	Amount
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Full Name of Contributor	<u> </u>			Registra	tion Nun	ther if PA	<u> </u>
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Street Address	Employer	dOcam	ation/Labor Organization*			1	Form (Cash, Check, etc.)
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
City	Sta	**	Zip Code	Тм	D	ΙY	Amount
Cuy	"	ac	Zip Code	";			Allende
Full Name of Contributor	!			Pegistra	tion Num	har if D	.c
FILL MARK OF CONTIDUO				Registra	MOII IVIII	DCI, II I A	
Street Address	Enmlore	-(Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
Street Auditess	Address Employer/Occupation/Labor Organization*						roini (Cash, Check, etc.)
6.5.	- C1-		2:- 0-4-	1 34	l 6	LV	\$ •
City	Sta	ile.	Zip Code	M	D	Y	Amount
C. H. Maria and Constitution	<u> </u>		<u></u> .	D-sisses	1 1	1 15 P	
Full Name of Contributor Registration Number, if PAC							
						F (C (C)	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
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City	Sta	uc	Zip Code	M	D	Y	Amount
					<u> </u>	لليا	

* 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)]

Page Total \$ 75.00