

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full UA CITIZENS FOR RESPONSIBLE ECONOMIC DEVELOPMENT							
Full Name of Contributor AAA CAR CARE PLUS (MARK BOYER)					Registration Number, if PAC		
Street Address 2400 SOBECK ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43232	M 0 3	D 1 4	Y 1 3	Amount 25.00	
Full Name of Contributor FORTHWRITE COMMUNICATIONS (SCOTT REISZ)					Registration Number, if PAC		
Street Address 2346 ABINGTON RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 0 3	D 1 4	Y 1 3	Amount 25.00	
Full Name of Contributor OHIO STATE OPTICAL COMPANY (MIKE MURRAY)					Registration Number, if PAC		
Street Address 1720 ZOLLINGER RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 0 3	D 1 4	Y 1 3	Amount 25.00	
Full Name of Contributor NEW HAVEN CAPITAL ADVISORS (KEVIN FIX)					Registration Number, if PAC		
Street Address 2000 W. HENDERSON RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43220	M 0 3	D 1 4	Y 1 3	Amount 25.00	
Full Name of Contributor RESOURCE DEVELOPMENT GROUP (ROBERT RADCLIFF)					Registration Number, if PAC		
Street Address 2841 WICKLIFFE RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 0 5	D 0 1	Y 1 3	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]