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R	C.	35	17.	10

Page 3
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
UA CITIZENS FOR RESPONSIBL	E ECONOMIC	<u>: DEVELOPME</u>					
Full Name of Contributor			Registra	Registration Number, if PAC			
AAA CAR CARE PLUS (MARK E		<del> </del>		_		[n (a   a   )	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2400 SOBECK ROAD		T=		T _	1	CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	OH	43232		1 4	1 3	25.00	
Full Name of Contributor			Registra	tion Nur	iber, if PA	AC	
FORTHWRITE COMMUNICATION				-		(a. (a. (a. (	
Street Address	Employer/Occu	pation/Labor Organization*	'			Form (Cash, Check, etc.)	
2346 ABINGTON RD.		Ta: a :	1 12	T		CHECK	
City	State	Zip Code	M	D	Y	Amount	
UPPER ARLINGTON	OH	43221	013		1 3	25.00	
Full Name of Contributor		TDD 4.14	Registra	tion Nur	iber, it PA	AC	
OHIO STATE OPTICAL COMPA						- (0 · 0 · )	
Street Address	Employer/Occu	pation/Labor Organization*	l			Form (Cash, Check, etc.)	
1720 ZOLLINGER RD.					T	CHECK	
City	State	Zip Code	M	D	Y	Amount	
UPPER ARLINGTON	O   H	43221		1 4		25.00	
Full Name of Contributor			Registra	tion Nun	nber, if P	AC	
NEW HAVEN CAPITAL ADVISO						6 (0 1 0 1 )	
' ' '		pation/Labor Organization*	•			Form (Cash, Check, etc.)	
2000 W. HENDERSON RD.				T -		CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	<u> </u>	43220	0 3		1 3	25.00	
Full Name of Contributor	ove (nonen	r D A DOLLIEE)	Registra	stion Nun	aber, ii Pa	AC.	
RESOURCE DEVELOPMENT GR						Form (Cash, Check, etc.)	
Street Address	Employer/Occu	pation/Labor Organization*					
2841 WICKLIFFE RD.			Тм	T D	T Y	CHECK	
City	State H	Zip Code		1		100.00	
UPPER ARLINGTON_	OH	43221		0 1	1 3		
Full Name of Contributor			Kegisu	anon iven	uoci, ii r	AC .	
	Trt+0	pation/Labor Organization				Form (Cash, Check, etc.)	
Street Address	Employe/Occu	panon/Labor Organization				roim (Casa, Cacca, cic.)	
G:	State	7:- Code	Тм	D	ΙΥ	Amount	
City	31215	Zip Code	173	1 1	Li	Anom	
			10	esian Nes	nhar iCD	AC	
Full Name of Contributor			Kegisu	ation Nur	uber, ir r	nc .	
		pation/Labor Organization	<del></del>			Form (Cash, Check, etc.)	
Street Address	Employer/Occi	pation/Lapor Organization				Torm (Casic Cacca, etc.)	
		7:- 0-1.	I M	l D	ΙΥ	Amount	
City	State	Zip Code	"	1 1	1 ;	- Circum	
			Decree	ztion Nur	nher if P	AC	
Full Name of Contributor			Kegisu	200 110	ш <del>ост, т. т</del>	ne	
Street Address	Employer/Occ	ipation/Labor Organization	<del>. L.</del>			Form (Cash, Check, etc.)	
Direct American						1	
Ciny	State	Zip Code	М	D	Y	Amount	
City	1	'F = '		1 1			
•	, ,	1	1'				

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	\$ 200.00