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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full UACITIZENS FOR RESPONSIBL	E ECONOMIC D	EVELOPMENT		
Full Name of Contributor TOASTMASTERS (ROSS BAGBY)			Registration Number, if	PAC
Street Address 2941 NORTHWEST BLVD.	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	M D Y O 7 2 5 1 1	Amount \$25.00
Full Name of Contributor WIDING FINANCIAL GROUP (CHRIS	STOPHER WIDIN	G)	Registration Number, if	PAC
Street Address 700 ACKERMAN ROAD	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43202	1 1 0 4 1 1	Amount \$25.00
Full Name of Contributor LIGHTHOUSE MORTGAGE SERVIC	ES (VERNON MC	ORRISON)	Registration Number, if I	PAC
Street Address 3220 RIVERSIDE DRIVE	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	1 1 0 4 1 1	Amount \$25.00
Full Name of Contributor RE/MAX PREMIER CHOICE REALTO	PRS- TOOTHMAN	(SUSAN TOOTHM/	Registration Number, if I	PAC
Street Address 4440 STONEBROOK COURT	Employer/Occu	apation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43220	M D Y 1 1	Amount \$25.00
Full Name of Contributor LARSON'S TOYS & GAMES (GREG	LARSON)		Registration Number, if I	PAC
Street Address 1617 WEST LANE AVENUE	Employer/Occu	ipation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	1 1 0 4 1 1	Amount \$25.00
Full Name of Contributor MACALUSO LANDSCAPING CO., L	TD. (TONY MACA	ALUSO)	Registration Number, if i	PAC
Street Address 1909 INCHCLIFF ROAD	Employer/Occu	upation/Labor Organization*	•	Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	M D Y 1 1	Amount \$25.00
Full Name of Contributor CONTINENTAL REALTY (ANDY MIL	LS)		Registration Number, if I	PAC
Street Address 2555 ONANDAGA DRIVE	Employer/Occur	ipation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City UPPER ARLINGTON	State OH	Zip Code 43221	M D Y 1 1 1 0 4 1 1	Amount \$25.00
Full Name of Contributor			Registration Number, if F	PAC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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 also appear. [R.C. 3517.10(B)(4)]