

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 ARLINGTON OPTICAL (TIMOTHY MCNEMAR)					Registration Number, if PAC		
Street Address 1756 W. LANE AVE.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 0 7	D 0 9	Y 1 4	Amount 25.00	
Full Name of Contributor CAPITAL MEDIATION ASSOCIATES (J. CHRISTOPHER SCOTT)					Registration Number, if PAC		
Street Address 3663 PEVENSEY DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0 7	D 0 9	Y 14	Amount 25.00	
Full Name of Contributor GOOD ENERGY (ELANDA JONES)					Registration Number, if PAC		
Street Address 232 MADISON AVE. STE 405		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NEW YORK	State N Y	Zip Code 10016	M 0 7	D 0 9	Y 1 4	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	M 0 7	D 0 9	Y 1 4	Amount 125.00	
Full Name of Contributor SIMMS HOMECARE & BEHAVIORAL HEALTH (JODI MCGUIRE)					Registration Number, if PAC		
Street Address 3887 INDIANOLA AVE.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43214	M 0 7	D 0 9	Y 1 4	Amount 25.00	
Full Name of Contributor ERIK YASSENOFF					Registration Number, if PAC		
Street Address 1990 HAMPSHIRE ROAD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 0 7	D 0 9	Y 1 4	Amount 25.00	
Full Name of Contributor NEWHAVEN CAPITAL ADVISORS (KEVIN FIX)					Registration Number, if PAC		
Street Address 2000 W. HENDERSON RD STE 257		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0 7	D 0 9	Y 1 4	Amount 25.00	
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	

* 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)]