

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens Against Rezoning							
Full Name of Contributor Buck Development					Registration Number, if PAC		
Street Address 1600 Fishinger Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington,	State OH	Zip Code 43221	M 1	D 0	Y 2 2	Y 0 8	Amount \$100.00
Full Name of Contributor Betsy A. Swift					Registration Number, if PAC		
Street Address 1601 Pemberton Dr.		Employer/Occupation/Labor Organization* 1			Form (Cash, Check, etc.) check		
City Upper Arlington,	State OH	Zip Code 43221	M 1	D 0	Y 2 5	Y 0 8	Amount \$500.00
Full Name of Contributor Mary Jo Olson					Registration Number, if PAC		
Street Address 3330 Abbey Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City	State OH	Zip Code 43221	M 1	D 0	Y 2 7	Y 0 8	Amount \$50.00
Full Name of Contributor Linda R. Clark					Registration Number, if PAC		
Street Address 1560 London Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington,	State OH	Zip Code 43221	M 1	D 0	Y 2 4	Y 0 8	Amount \$50.00
Full Name of Contributor Rosemarie Konrath					Registration Number, if PAC		
Street Address 3314 Abbey Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington,	State OH	Zip Code 43221	M 1	D 0	Y 2 9	Y 0 8	Amount \$50.00
Full Name of Contributor <i>Huffenberger</i> Linda L. Huffenberger CPA					Registration Number, if PAC		
Street Address 1787 Riverhill Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington,	State OH	Zip Code 43221	M 1	D 0	Y 3 0	Y 0 8	Amount \$50.00
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	Y	Am
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	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)]