Page Total S

Statement of Contributions Received

Prescribed by Secretary of State 3/05

ne of Committee in Full CITIZENS FOR FAIR TAXATION Name of Contributor				Registration Number, if PAC			
JEFFREY KLOSS							
THE Address 889 BABBINGTON CT	Employer/Occupa	Employer/Occupation/Labor Organization*			,		
WESTERVILLE	State O 17	Zip Code 43061	M 10	ロスロ		CA5H Amount 20,00	
Il Name of Contributor				ion Numb	жт, if PA	С	
TIZENS LEAGUE FOR E	Employer/Occurs	GND RESETTED ation/Labor Organization*	#			Form (Cash, Check, etc.)	
Vol. 1 Maria van							
у	State	Zip Code	М	D 	Y	Amount 80,00	
TERRY M-KEE			Registrat	ion Numl	beт, if PA	.c	
lea Audites		Employer/Occupation/Labor Organization*					
COLUMBUS 200	State O H	2ip Code 43220	М	D 	Y	Amount 40.00	
Il Name of Contributor			Registra	tion Num	ber, if PA	ı.C	
ect Address	Employer/Occup	Employer/Occupation/Labor Organization*					
ty	State	Zip Code	М	D	Y	Amount	
Il Name of Coutributor			Registra	tion Num	ber, if PA	AC .	
reet Address	Employer/Occup	Employer/Occupation/Labor Organization*			1		
ry	State	Zip Code	M	D	Y	Amount	
ill Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA	ic	
reet Address	Employer/Occup	Employer/Occupation/Labor Organization*					
ity	State	Zip Code	М	D	Y	Amount	
ull Name of Contributor Registration					ber, if PA	AC	
reet Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
ity	State	Zip Code	M	D	Y	Armount	
Il Name of Contributor Registration Number, if PA					AC		
reet Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
ity	State	Zip Code	M	D	Y	Amount	

organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]