

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for UA Schools				
Full Name of Contributor Jeffrey W. Weaver			Registration Number, if PAC	
Street Address 1800 Victorian Court	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check		
City Upper Arlington	State OH	Zip Code 43220	M D Y 0 5 2 5 1 1	Amount \$200.00
Full Name of Contributor Debora and Philip Binkley			Registration Number, if P	
Street Address 4165 Mumford Court	Ch		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43220	0 5 2 6 1 1	\$100.00
Full Name of Contributor Tremont School Association			Registration Number, if P	
Street Address 2900 Tremont Court	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	$\begin{bmatrix} M \\ 0 & 6 & 0 \end{bmatrix} \begin{bmatrix} D \\ 1 & 1 \end{bmatrix} \begin{bmatrix} Y \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	Amount \$300.00
Full Name of Contributor Steven and Heidi Scarpitti			Registration Number, if P	
Street Address 4180 Bowmansroot Court		upation/Labor Organization		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	0 6 0 2 1 1	\$75.00
Full Name of Contributor Kathy Fickell			Registration Number, if F	
Street Address 869 Katherine's Ridge Lane		upation/Labor Organization*	,	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	$0 \stackrel{M}{=} 6 \stackrel{D}{=} 1 \stackrel{Y}{=} 1$	Amount \$30.00
Full Name of Contributor Meredith and Jason Fine			Registration Number, if I	
Street Address 2201 Edington Road	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	0 6 1 1 1 1	Amount \$75.00
Full Name of Contributor Melissa and D. Richard Rosato				
Street Address 335 Longfellow Avenue	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Worthinton	State OH	Zip Code 43085	0 6 1 4 1 1	Amount \$50.00
Full Name of Contributor			Registration Number, if I	
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount

Page Total \$830.00

^{*}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)]