

FOR PAPER FILING ONLY

Statement of Contributions Received

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Reset Form

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Responsible Taxation					
Full Name of Contributor Jeffrey Kloss			Registration Number, if PAC		
Street Address 889 Babbington Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Westerville	State OH ☒	Zip Code 43081	M 0	D 6	Y 0114 Amount \$50
Full Name of Contributor Ronald Eckles			Registration Number, if PAC		
Street Address 1736 Zuber Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH ☒	Zip Code 43123	M 0	D 6	Y 0214 Amount \$35
Full Name of Contributor Carole Straub			Registration Number, if PAC		
Street Address 583 High Timber Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Westerville	State OH ☒	Zip Code 43082	M 0	D 5	Y 2314 Amount \$2,000
Full Name of Contributor Perry Wise			Registration Number, if PAC		
Street Address 104 Blenheim Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH ☒	Zip Code 43124	M 0	D 6	Y 0114 Amount \$35
Full Name of Contributor Michael Davala			Registration Number, if PAC		
Street Address 3330 River Place Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH ☒	Zip Code 43221	M 0	D 5	Y 0814 Amount \$25
Full Name of Contributor John Kasper			Registration Number, if PAC		
Street Address 70 Edgevale Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH ☒	Zip Code 43209	M 0	D 5	Y 2714 Amount \$25
Full Name of Contributor Anonymous			Registration Number, if PAC		
Street Address unmarked envelope, no return address		Employer/Occupation/Labor Organization* impossible to identify sender		Form (Cash, Check, etc.) Cash	
City	State OH ☒	Zip Code	M 0	D 4	Y 1814 Amount \$50
Full Name of Contributor Anonymous			Registration Number, if PAC		
Street Address unmarked envelope, no return address		Employer/Occupation/Labor Organization* impossible to identify sender		Form (Cash, Check, etc.) Cash	
City	State OH ☒	Zip Code	M 0	D 4	Y 3014 Amount \$44

* 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)]

Print Form

Page Total - **\$2,264**