

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for UA's Future						
Full Name of Contributor Tim Moloney				Registration Number, if PAC		
Street Address 4768 Belfield Dr		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Cash	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 1 4	Amount \$100.00
Full Name of Contributor Michael Pollock				Registration Number, if PAC		
Street Address 1030 Weybridge Road, Apt. C		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43220	M 1	D 0	Y 1 4	Amount \$20.00
Full Name of Contributor Mike Corney				Registration Number, if PAC		
Street Address 445 West Jefferson Kious Road		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Cash	
City West Jefferson	State OH	Zip Code 43162	M 1	D 0	Y 1 4	Amount \$100.00
Full Name of Contributor Prime AE				Registration Number, if PAC		
Street Address 3000 Corporate Exchange Dr, Suite 600		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43231	M 1	D 0	Y 1 4	Amount \$500.00
Full Name of Contributor Debra Amling				Registration Number, if PAC		
Street Address 1871 Coventry Road		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M 1	D 0	Y 1 3 1 4	Amount \$20.00
Full Name of Contributor UA Community Foundation				Registration Number, if PAC		
Street Address 3600 Tremont Road		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	M 1	D 0	Y 1 3 1 4	Amount \$5,000.00
Full Name of Contributor Steven L. Ball				Registration Number, if PAC		
Street Address 4314 Donington Road		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 1	D 0	Y 1 4 1 4	Amount \$100.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$5,840.00**