

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for UA Schools									
Full Name of Contributor Scott Shaffer						Registration Number, if PAC			
Street Address 1100 West Third Avenue			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43212		M 0		D 7	
						Y 2		Amount \$50.00	
Full Name of Contributor Mindy Adkins						Registration Number, if PAC			
Street Address 4685 Bayford Court			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 2		Amount \$20.00	
Full Name of Contributor Alicia McGinty						Registration Number, if PAC			
Street Address 2211 Tremont Road			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 2		Amount \$25.00	
Full Name of Contributor Nancy Dress						Registration Number, if PAC			
Street Address 3781 Criswell Drive			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 2		Amount \$200.00	
Full Name of Contributor Gloria Heydlauff						Registration Number, if PAC			
Street Address 2390 Sheringham Road			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 2		Amount \$500.00	
Full Name of Contributor Christine Larsen						Registration Number, if PAC			
Street Address 1360 Norwell Drive			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 2		Amount \$50.00	
Full Name of Contributor Carol Geistfeld						Registration Number, if PAC			
Street Address 2270 Sandover Road			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 2		Amount \$50.00	
Full Name of Contributor George P. Wick, DDS						Registration Number, if PAC			
Street Address 1234 Old Henderson Road			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 2		Amount \$127.00	

* 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)]

Page Total **\$1,022.00**