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Statement of Contributions Received

Prescribed by Secretary of State 3/05

						<u> </u>		
Name of Committee in Full								
UA CITIZENS FOR RESPONSIBLE	E ECONOMIC	DEVELOPMENT						
					Registration Number, if PAC			
COMFORT KEEPERS (TRICIA MO								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
3620 N. HIGH ST.						CHECK		
City	State	Zip Code	М	D	Y	Amount		
COLUMBUS	O H	43214	0 1	0 4	1 3		25.00	
Full Name of Contributor			Registra	ation Num	ber, if P	AC		
HOWARD HANNA REAL ESTAT	E SERV. (TER	ESA BENTON)					_	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
1670 FISHINGER RD.						CHECK		
City	State	Zip Code	М	D	Y	Amount		
UPPER ARLINGTON	O H	432 <u>21</u>	0 1	0 4	1 3		15.00	
Full Name of Contributor			Registra	ation Nur	ber, if P	AC		
CAFFE' DAVINCI (KIM & TINA I	ELSEA)							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
3080 TREMONT RD						CHECK		
City	State	Zip Code	М	D	Y	Amount		
UPPER ARLINGTON	OH	43221	01	0 4	1 3		25.00	
Full Name of Contributor			Registra	ation Nur	ber, if P	AC		
REAL LIVING HER (JANE JONES	5)					_		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
1988 EDGMONT RD						CHECK		
City	State	Zip Code	М	D	Y	Amount		
UPPER ARLINGTON	O H	43212	01	0 4	1 3		25.00	
Full Name of Contributor			Registr	ation Nun	iber, if P	AC		
ARLINGTON OPTICAL (TIMOTE	HY MCNEMAI	₹)						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chee	k, etc.)	
1756 W. LANE AVE.						CHECK		
City	State	Zip Code	М	D	Y	Amount		
UPPER ARLINGTON	O H	43221	0 2	0 4	1 3		25.00	
Full Name of Contributor			Registr	ation Nun	ber, if P	AC		
DOUGLAS REAL ESTATE (DOUG	G RYAN)							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
3070 RIVERSIDE DR. #140						CHECK		
City	State	Zip Code	M.	D.	Y	Amount		
UPPER ARLINGTON	0 H	43221	0 2	0 4	1 3	<u> </u>	25.00	
Full Name of Contributor			Registr	ation Nun	ber, if P	AC		
NAVIGATOR (CURTIS CAMPBE								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)		
170 S. MAIN ST.			<u> </u>			CHECK		
City	State	Zip Code	М	D	Y	Amount		
PLEASANT GROVE	Ull	84062	0 2				25.00	
Full Name of Contributor			Registr	ration Nur	nber, if P	AC		
JONATHAN VARNER & ASSOC., LLC (JONATHAN VARNER)								
Street Address		pation/Labor Organization*		-		Form (Cash, Che	ck, etc.)	
1991 GLENN AVE.						CH		
City	State	Zip Code	М	D	Y	Amount		
UPPER ARLINGTON	OlH	43212	0 2	2 0 1 4	[1]3		100.00	

Page Total	\$ 265.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]