

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for UA Schools							
Full Name of Contributor Rosemary Lawyer						Registration Number, if PAC	
Street Address 3347 Somerford Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington		State OH	Zip Code 43221	M 0	D 8	Y 0 2 1 2	Amount \$50.00
Full Name of Contributor Marjory Pizzuti						Registration Number, if PAC	
Street Address 2158 North Parkway Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221	M 0	D 8	Y 0 3 1 2	Amount \$200.00
Full Name of Contributor Melinda Ferris						Registration Number, if PAC	
Street Address 2036 Berkshire Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221	M 0	D 8	Y 0 3 1 2	Amount \$100.00
Full Name of Contributor Charles Lott						Registration Number, if PAC	
Street Address 1740 N. Star Road, Apt. 6			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43212	M 0	D 8	Y 0 3 1 2	Amount \$20.00
Full Name of Contributor Annette Vlasidis						Registration Number, if PAC	
Street Address 2411 Fishinger Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221	M 0	D 8	Y 0 3 1 2	Amount \$50.00
Full Name of Contributor Noelle Fox						Registration Number, if PAC	
Street Address 2396 Middlesex Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 0	D 8	Y 0 4 1 2	Amount \$25.00
Full Name of Contributor Kathryn Kram						Registration Number, if PAC	
Street Address 4216 Fairfax Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 0	D 8	Y 0 4 1 2	Amount \$30.00
Full Name of Contributor Carl Allen						Registration Number, if PAC	
Street Address 1916 West Lane Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221	M 0	D 8	Y 0 5 1 2	Amount \$50.00

* 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 \$525.00