

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for UA Schools						
Full Name of Contributor Carsonie's / D&C Ohio LLC				Registration Number, if PAC		
Street Address 1920 Edgemont Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M 0	D 8	Y 2 2	Amount \$250.00
Full Name of Contributor Thomas G. Robertson				Registration Number, if PAC		
Street Address 1840 Baldrige Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 2 2	Amount \$1,000.00
Full Name of Contributor Tommaso Mauro				Registration Number, if PAC		
Street Address 1876 Coventry Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43212	M 0	D 8	Y 2 3	Amount \$100.00
Full Name of Contributor Chris Potts				Registration Number, if PAC		
Street Address 1488 Ardwick Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43220	M 0	D 8	Y 2 4	Amount \$100.00
Full Name of Contributor Helena Anderson				Registration Number, if PAC		
Street Address 1981 Tremont Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M 0	D 8	Y 2 5	Amount \$2,500.00
Full Name of Contributor Donna Barker				Registration Number, if PAC		
Street Address 1828 Ridgeview Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 2 6	Amount \$50.00
Full Name of Contributor Kathy Koutras				Registration Number, if PAC		
Street Address 4294 Randmore Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 8	Y 2 7	Amount \$50.00
Full Name of Contributor Lisa Farber				Registration Number, if PAC		
Street Address 1975 Wickford Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code	M 0	D 8	Y 2 7	Amount \$20.00

* 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)]