

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for UA Schools							
Full Name of Contributor Wickliffe School PTO					Registration Number, if PAC		
Street Address 2405 Wickliffe Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 2	Amount \$150.00	
Full Name of Contributor Upper Arlington Education Foundation					Registration Number, if PAC		
Street Address 1950 North Mallway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State OH	Zip Code 43221	M 0	D 9	Y 2	Amount \$1,500.00	
Full Name of Contributor Alice Finley					Registration Number, if PAC		
Street Address 2454 Kensington Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 2	Amount \$50.00	
Full Name of Contributor Jones Middle School PTO					Registration Number, if PAC		
Street Address 1998 Collingswood Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 2	Amount \$150.00	
Full Name of Contributor Hastings PTO					Registration Number, if PAC		
Street Address 1850 Hastings Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State OH	Zip Code 43220	M 0	D 9	Y 2	Amount \$150.00	
Full Name of Contributor Daniel Low					Registration Number, if PAC		
Street Address 2030 Upper Chelsea Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 2	Amount \$50.00	
Full Name of Contributor John Hunt					Registration Number, if PAC		
Street Address 2508 Mt. Holyoke Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor Julie Martin					Registration Number, if PAC		
Street Address 1807 Baldrige Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 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 **\$2,200.00**