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Statement of Contributions Received

	Prescribed by	Secretary of State 3/05				
Name of Committee in Full		<u> </u>		_		
UA CITIZENS FOR RESPONSIBLE	ECONOMI	C DEVELOPME	NT			
Full Name of Contributor		Registration Number, if I				PAC
COLDWELL KING THOMPSON (S	HARON C	OOK)				
Street Address		cupation/Labor Organization	,•			Form (Cash, Check, etc.)
3160 KINGSDALE CENTRE	' '	• • • • • • • • • • • • • • • • • • • •	-			CHECK
City	State	Zip Code	М	Тр	ΙY	Amount
UPPER ARLINGTON	OLE		112	I .	1 .	
Full Name of Contributor	_ 1 0 1 1	43221				
WELLS FARGO (CHRIS WIDING)			Registr	ation Nu	mber, if I	PAC
Street Address	Emalarra		L_			
	Employer/Occ	upation/Labor Organization	•			Form (Cash, Check, etc.)
700 ACKERMAN RD., SUITE 400						CHECK
1 ·	State	Zip Code	M.	D	Y	Amount
COLUMBUS	<u> </u>	43202	1 2	111	13	25.00
Full Name of Contributor			Registr	ation Nu	mber, if F	PAC
DR. GEORGE P. WICK, DDS						
Street Address	Employer/Occ	upation/Labor Organization	•			Form (Cash, Check, etc.)
1234 OLD HENDERSON RD.	i					CHECK
City	State	Zip Code	M	D	Y	Amount
COLUMBUS	O H	43220	1 2	111	113	25.00
Full Name of Contributor					mber, if P	
			ľ			
Street Address	Employer/Occ	upation/Labor Organization	. —			Form (Cash, Check, etc.)
	' '					Tom (Casa, Check, e.c.)
City	State	Zip Code	М	D	Т	Amount
	1	Zip code	",		1 '	Amount
Full Name of Contributor			In. in	<u> </u>	1 1 25	
·····			Registra	inon wu	mber, if P	AC
Street Address	Employer Occ	upation/Labor Organization	<u>. </u>			r (C 1 O 1)
	Employen/Occ	apanon Labor Organization				Form (Cash, Check, etc.)
City	5	77- 6-1				
City	State	Zip Code	l M	D	Y	Amount
Full Name of Contributor	<u> </u>					
run Name of Contributor			Registra	tion Nur	nber, if P	AC
Common Address	_	-				
Street Address	Employer/Occi	pation/Labor Organization	•			Form (Cash, Check, etc.)
						<u> </u>
City	State	Zip Code	М	D	Y	Amount
] [
Full Name of Contributor		·	Registra	tion Nur	nber, if P.	AC
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	ΙΥ	Amount
	1 1		1 1	1	lт	
Full Name of Contributor			Registra	tion Nun	nber, if Pa	AC
			ľ			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
						(Cubii, Circui, Cic.)
City	State	Zip Code	М	D	Y	Amount
	1	1	",	1	1	1 mayerit
					1 1	L .

* 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)]

Page Total \$	75.00