

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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|--|--|-----------------------|---|-------------------|-------------------|--|------------------------|
| Name of Committee in Full UA CITIZENS FOR RESPONSIBLE ECONOMIC DEVELOPMENT | | | | | | | |
| Full Name of Contributor COLDWELL KING THOMPSON (SHARON COOK) | | | | | | Registration Number, if PAC | |
| Street Address 3160 KINGSDALE CENTRE | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City UPPER ARLINGTON | | State O H | Zip Code 43221 | M 1 2 | D 1 1 | Y 1 3 | Amount 25.00 |
| Full Name of Contributor WELLS FARGO (CHRIS WIDING) | | | | | | Registration Number, if PAC | |
| Street Address 700 ACKERMAN RD., SUITE 400 | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | | State O H | Zip Code 43202 | M 1 2 | D 1 1 | Y 13 | Amount 25.00 |
| Full Name of Contributor DR. GEORGE P. WICK, DDS | | | | | | Registration Number, if PAC | |
| Street Address 1234 OLD HENDERSON RD. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | | State O H | Zip Code 43220 | M 1 2 | D 1 1 | Y 1 3 | Amount 25.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | | State | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
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| City | | State | Zip Code | M | D | Y | Amount |

* 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)]