Statement of Contributions Received

Page 20

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for UA's Future				
Full Name of Contributor FOP Political Education Fund			Registration Number, if	PAC
Street Address 6800 Schrock Hill Ct	Employer/Occu	apation/Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43229	M D Y 1	Amount \$1,500.00
Full Name of Contributor Robert Moazampour	<u> </u>		Registration Number, if	PAC
Street Address 2374 Fishinger Road	Employer/Occu	ipation/Labor Organization	<u> </u>	Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	1 0 1 0 1 4	Amount \$50.00
Full Name of Contributor J.S. Johnson LTD			Registration Number, if PAC	
Street Address 5025 Arlington Centre Blvd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	1 0 1 0 1 4	Amount \$500.00
Full Name of Contributor Linda A. Roomann			Registration Number, if	PAC
Street Address 1285 LaRochelle Drive	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	1 0 1 0 1 4	Amount \$50.00
Full Name of Contributor Teamsters Union Local No. 28 - D.R.I.	.V.E. Fund		Registration Number, if	PAC
Street Address 555 E. Rich Street	Employer/Occu	pation/Labor Organization	•	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 1 0 1 4	Amount \$300.00
Full Name of Contributor Ashley M. Elirod			Registration Number, if	PAC
Street Address 84 Hartfield Ct	Employer/Occu	pation/Labor Organization	•	Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	1 0 1 0 1 4	Amount \$50.00
Full Name of Contributor Lynette M. Santoro-Au	·		Registration Number, if	PAC
Street Address 2642 Medary Ave	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43202	1 0 1 0 1 4	Amount \$50.00
Full Name of Contributor Steven R. Cothrel			Registration Number, if	PAC
Street Address 6141 Lancaster-Kirkersville Road	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Baltimore	State OH	Zip Code 43105	M D Y	Amount \$50.00

Page Total \$2,550.00

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)]