

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Responsible Taxation						
Full Name of Contributor Roderick Clay				Registration Number, if PAC		
Street Address 433 Mary Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OH <input checked="" type="radio"/>	Zip Code 43081	M 0	D 4	Y 1	Amount \$100
Full Name of Contributor Paul Sandstrom				Registration Number, if PAC		
Street Address 2742 Kensington West		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43202	M 0	D 4	Y 1	Amount \$50
Full Name of Contributor M. Kathleen Roberts				Registration Number, if PAC		
Street Address 1374 Chenille Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Galloway	State OH <input checked="" type="radio"/>	Zip Code 43119	M 0	D 3	Y 1	Amount \$50
Full Name of Contributor Jeffrey Kloss				Registration Number, if PAC		
Street Address 889 Babbington Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OH <input checked="" type="radio"/>	Zip Code 43081	M 0	D 3	Y 1	Amount \$50
Full Name of Contributor Janet DaPrato				Registration Number, if PAC		
Street Address 5768 Kempton Run Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43235	M 0	D 3	Y 1	Amount \$100
Full Name of Contributor Paul Burke				Registration Number, if PAC		
Street Address 314 Jackson Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43206	M 0	D 3	Y 1	Amount \$100
Full Name of Contributor Joanne McHugh				Registration Number, if PAC		
Street Address 3967 Reed Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43220	M 0	D 3	Y 1	Amount \$50
Full Name of Contributor Mary Maroon				Registration Number, if PAC		
Street Address 4830 Arlington Centre Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43220	M 0	D 3	Y 1	Amount \$25

* 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)]