

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Responsible Taxation</b>						
Full Name of Contributor <b>Sandra Groom</b>				Registration Number, if PAC		
Street Address <b>239 S. Chesterfield Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b> <input checked="" type="radio"/>	Zip Code <b>43209</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>\$100</b>
Full Name of Contributor <b>Kay Wright</b>				Registration Number, if PAC		
Street Address <b>2216 Sandston Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b> <input checked="" type="radio"/>	Zip Code <b>43220</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>\$200</b>
Full Name of Contributor <b>Anne Ritchie</b>				Registration Number, if PAC		
Street Address <b>230 Hopewell Court</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		
City <b>Powell</b>	State <b>OH</b> <input checked="" type="radio"/>	Zip Code <b>43065</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>\$50</b>
Full Name of Contributor <b>George Momirov</b>				Registration Number, if PAC		
Street Address <b>2642 Clifton Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b> <input checked="" type="radio"/>	Zip Code <b>43221</b>	M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>\$75</b>
Full Name of Contributor <b>Carole Straub</b>				Registration Number, if PAC		
Street Address <b>583 High Timber Drive</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>	State <b>OH</b> <input checked="" type="radio"/>	Zip Code <b>43082</b>	M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>\$1,500</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State <b>OH</b> <input checked="" type="radio"/>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State <b>OH</b> <input checked="" type="radio"/>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State <b>OH</b> <input checked="" type="radio"/>	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,925**