

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full U A CITIZENS FOR RESPONSIBLE ECONOMIC DEVELOPMENT											
Full Name of Contributor ALZHEIMER'S ASSOCIATION OF CENTRAL OHIO							Registration Number, if PAC				
Street Address 1397 DUBLIN ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City COLUMBUS		State OH	Zip Code 43215		M 0	D 7	Y 2	Y 5	Y 1	Y 1	Amount \$25.00
Full Name of Contributor CASA OF FRANKLIN COUNTY (KATHY KERR)							Registration Number, if PAC				
Street Address 373 SOUTH HIGH STREET 6TH FLOOR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City COLUMBUS		State OH	Zip Code 43215		M 0	D 7	Y 2	Y 5	Y 1	Y 1	Amount \$25.00
Full Name of Contributor VAUGHAN MUSIC STUDIOS (CINDY VAUGHAN)							Registration Number, if PAC				
Street Address 3100 TREMONT ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City UPPER ARLINGTON		State OH	Zip Code 43221		M 0	D 7	Y 2	Y 5	Y 1	Y 1	Amount \$25.00
Full Name of Contributor FAMILY PRACTICE WEST (JIMILEA GUTHEIL)							Registration Number, if PAC				
Street Address 5212 WEST BROAD STREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City COLUMBUS		State OH	Zip Code 43228		M 0	D 7	Y 2	Y 5	Y 1	Y 1	Amount \$25.00
Full Name of Contributor DOUGLAS REAL ESTATE (DOUG RYAN)							Registration Number, if PAC				
Street Address 3070 RIVERSIDE DRIVE #140			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City UPPER ARLINGTON		State OH	Zip Code 43221		M 0	D 7	Y 2	Y 5	Y 1	Y 1	Amount \$25.00
Full Name of Contributor THE KRAUSS COMPANY LLC (MARY ANN KRAUSS)							Registration Number, if PAC				
Street Address 1980 UPPER CHELSEA ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City UPPER ARLINGTON		State OH	Zip Code 43221		M 0	D 7	Y 2	Y 5	Y 1	Y 1	Amount \$25.00
Full Name of Contributor HOMETOWN URGENT CARE							Registration Number, if PAC				
Street Address 1010 WOODMAN DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City DAYTON		State OH	Zip Code 45432		M 0	D 7	Y 2	Y 5	Y 1	Y 1	Amount \$25.00
Full Name of Contributor HEALTH CARE PLUS							Registration Number, if PAC				
Street Address 1120 POLARIS PARKWAY			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City COLUMBUS		State OH	Zip Code 43240		M 0	D 7	Y 2	Y 5	Y 1	Y 1	Amount \$25.00

* 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)]