

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for UA Schools										
Full Name of Contributor State Security, LLC						Registration Number, if PAC				
Street Address 3946 Miller Paul Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Galena		State OH	Zip Code 43021		M 0	D 9	Y 1	0	1	3
Full Name of Contributor Electrical Service Professionals, Inc.						Registration Number, if PAC				
Street Address 4110 Demorest Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Grove City		State OH	Zip Code 43123		M 1	D 0	Y 0	8	1	3
Full Name of Contributor Fire Systems Professionals, Inc.						Registration Number, if PAC				
Street Address 4110 Demorest Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Grove City		State OH	Zip Code 43123		M 1	D 0	Y 0	8	1	3
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 \$1,000.00