

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee to Full					Citizens For Southwestern City Schools				
Full Name of Contributor					Registration Number, if PAC				
Kay Byard									
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
4736 Musket Way					Check				
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43229	0	2	0	9	1	4	35.-
Full Name of Contributor					Registration Number, if PAC				
Randy Reisling									
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
3178 Ranke CT					Check				
City	State	Zip Code	M	D	Y	Amount			
Grove City	OH	43123	0	2	0	9	1	4	120.-
Full Name of Contributor					Registration Number, if PAC				
Greg Burke									
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
6271 Oakhurst Dr					Check				
City	State	Zip Code	M	D	Y	Amount			
Grove City	OH	43123	0	2	0	9	1	4	105.-
Full Name of Contributor					Registration Number, if PAC				
Mary Mulvaney									
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
4739 Hunting Creek					Check				
City	State	Zip Code	M	D	Y	Amount			
Grove City	OH	43123	0	2	0	9	1	4	140.-
Full Name of Contributor					Registration Number, if PAC				
William Wise									
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
2458 Hickorybend					Check				
City	State	Zip Code	M	D	Y	Amount			
Grove City	OH	43123	0	2	0	9	1	4	280.-
Full Name of Contributor					Registration Number, if PAC				
Sandra Neklöff									
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
2937 Crabapple Pl					Check				
City	State	Zip Code	M	D	Y	Amount			
Grove City	OH	43123	0	2	0	9	1	4	280.-
Full Name of Contributor					Registration Number, if PAC				
Ulrey Foods INC.									
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
3967-F Presidential Pkwy					Check				
City	State	Zip Code	M	D	Y	Amount			
Powell	OH	43065	0	2	0	9	1	4	125.-
Full Name of Contributor					Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
City	State	Zip Code	M	D	Y	Amount			
	OH								

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of individual's business, if any, rather than employer should be listed. If two or more employers contribute via payroll deduction and exceed the aggregate of \$100, the last organization of which the employees are members, if any, must also appear. (R.C. 3517.08(4))

Page Total \$0.00