

Statement of Contributions Received

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	
Gary Leasure							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4780 Saint Andrews Dr					Pay Pal		
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	0	2	08	12	\$2621.40
Full Name of Contributor						Registration Number, if PAC	
Irene Younkin							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2432 Berwick Blvd					Pay Pal		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43209	0	2	08	12	\$96.80
Full Name of Contributor						Registration Number, if PAC	
Brett Younkin							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4719 Hirth Hill Rd W					Pay Pal		
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	0	2	08	12	\$630.85
Full Name of Contributor						Registration Number, if PAC	
Bryan Mulvany							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4739 Hunting Creek Dr					Pay Pal		
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	0	2	08	12	\$184.19
Full Name of Contributor						Registration Number, if PAC	
Randall Reislung							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3178 Rowke Ct					Pay Pal		
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	0	2	08	12	\$193.90
Full Name of Contributor						Registration Number, if PAC	
Rich & Gillis Law Group, LLC							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6400 Riverside Dr Suite D					Check		
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43017	0	2	03	12	\$2500.-
Full Name of Contributor						Registration Number, if PAC	
Gricker & Eckler LLP						01824	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
100 S Third St					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43215	0	1	30	12	\$1350.-
Full Name of Contributor						Registration Number, if PAC	
Ice Miller LLP							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
One American Square Ste 2900					Check		
City	State	Zip Code	M	D	Y	Amount	
Indianapolis	IN	46282	0	2	02	12	\$1000.-

* 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 employers 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. 3517.06(B)(4))