

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens For Southwestern City Schools									
Full Name of Contributor Phillip & Elaine Lawless						Registration Number, if PAC			
Street Address 4145 Downmansroot Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 09	D 30	Y 09	Amount 47.-	
Full Name of Contributor Frank & Georgine Collette						Registration Number, if PAC			
Street Address 3844 Stonestrow lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 09	D 29	Y 09	Amount 47.-	
Full Name of Contributor J. Patrick & Mary Ann Callaghan						Registration Number, if PAC			
Street Address 3592 Bonthouse Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 10	D 03	Y 09	Amount 47.-	
Full Name of Contributor Thomas & Sherry Minton						Registration Number, if PAC			
Street Address 1619 Tuscarora Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH	Zip Code 43123		M 10	D 05	Y 09	Amount 47.-	
Full Name of Contributor Carlos & Garilee Ogden						Registration Number, if PAC			
Street Address 2005 Columbus Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Granville		State OH	Zip Code 43023		M 09	D 29	Y 09	Amount 47.-	
Full Name of Contributor R. Roby Schottke						Registration Number, if PAC			
Street Address 1839 Epic Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH	Zip Code 43123		M 10	D 02	Y 09	Amount 47.-	
Full Name of Contributor Jane A. Ferry						Registration Number, if PAC			
Street Address 934 Medinah Terrace			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 10	D 01	Y 09	Amount 47.-	
Full Name of Contributor David & Bonita Hitchcock						Registration Number, if PAC			
Street Address 2269 Hills Wood Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH	Zip Code 43123		M 00	D 07	Y 09	Amount 50.-	

* 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)]