

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 WeiQi Wang							Registration Number, if PAC						
Street Address 3456 Natalie Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 06		D 14		Y 09		Amount 50.-	
Full Name of Contributor Clinton & Jennifer Nardon							Registration Number, if PAC						
Street Address 2308 Josephine Circle				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 06		D 02		Y 09		Amount 100.-	
Full Name of Contributor James Marion							Registration Number, if PAC						
Street Address 960 Chara Ln				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43240		M 06		D 03		Y 09		Amount 50.-	
Full Name of Contributor Scott & Bay Cunningham							Registration Number, if PAC						
Street Address 4716 Glen Lakes Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Powell		State OH		Zip Code 43065		M 06		D 04		Y 09		Amount 50.-	
Full Name of Contributor Donald Burger							Registration Number, if PAC						
Street Address 152 Lyndale Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Westerville		State OH		Zip Code 43081		M 06		D 04		Y 09		Amount 50.-	
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 06		D 05		Y 09		Amount 50.-	
Full Name of Contributor James Donohue & Janice Collette							Registration Number, if PAC						
Street Address 6041 McNaughten Grove Ln				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43213		M 06		D 03		Y 09		Amount 50.-	
Full Name of Contributor Diane & Mark Mankins							Registration Number, if PAC						
Street Address 85 Freeway Dr. SW				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Reynoldsburg		State OH		Zip Code 43068		M 06		D 03		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)]

450.-

Page Total \$0.00