

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 South-Western Education Association						Registration Number, if PAC			
Street Address 4074 Hoover Rd Ste 201			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City		State OH		Zip Code 43123		M 0	D 5	Y 16	Amount \$3500.-
Full Name of Contributor Summit Construction Company, LLC						Registration Number, if PAC			
Street Address 1095 Home Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Akron		State OH		Zip Code 44310		M 0	D 5	Y 16	Amount 2500.-
Full Name of Contributor South-Western Administrators Assoc						Registration Number, if PAC			
Street Address No Address Provided			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City —		State —		Zip Code —		M 0	D 5	Y 22	Amount 2500.-
Full Name of Contributor Westland Area Business Assoc						Registration Number, if PAC			
Street Address PO Box 282035			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH		Zip Code 43228		M 0	D 6	Y 06	Amount 1000.-
Full Name of Contributor Heapy Engineering						Registration Number, if PAC			
Street Address 1400 W Dorothy Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Dayton		State OH		Zip Code 45409		M 0	D 5	Y 24	Amount 1000.-
Full Name of Contributor Schorr Architects, INC.						Registration Number, if PAC			
Street Address 230 Bradenton Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Dublin		State OH		Zip Code 43017		M 0	D 6	Y 27	Amount 2500.-
Full Name of Contributor Community Design Alliance						Registration Number, if PAC			
Street Address 236 High St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Hamilton		State OH		Zip Code 45011		M 0	D 6	Y 15	Amount 2500.-
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

* 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)]