

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 Michele E. Harkins							Registration Number, if PAC						
Street Address 6121 Wexford Park Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43228		M 09		D 24		Y 09		Amount 47.00	
Full Name of Contributor Buckeye Woods PTA													
Street Address 2525 Holton Road							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City		State OH		Zip Code 43123		M 09		D 22		Y 09		Amount 200.-	
Full Name of Contributor R. Kirk + Sue Hamilton													
Street Address 5995 Grant Run Place							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City		State OH		Zip Code 43123		M 09		D 24		Y 09		Amount 200.-	
Full Name of Contributor Ronald Meyer													
Street Address 2329 Featherwood Dr							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH		Zip Code 43228		M 09		D 29		Y 09		Amount 100.-	
Full Name of Contributor Frederick Moore & Shirley Council Moore													
Street Address 899 Harmony Dr							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Gahanna		State OH		Zip Code 43230		M 00		D 06		Y 09		Amount 47.-	
Full Name of Contributor Nene Phillips													
Street Address 7600 Coventry Woods Dr							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Dublin		State OH		Zip Code 43017		M 10		D 06		Y 09		Amount 50.-	
Full Name of Contributor G. Erik or Emily Jablonka													
Street Address 2038 Mayflower Circle							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 Steven Carr													
Street Address 1906 E Beaumont Rd							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH		Zip Code 43224		M 10		D 02		Y 09		Amount 47.-	

* 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)]