

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Contributor is Full							
Citizens For Southwestern City Schools							
Full Name of Contributor						Registration Number, if PAC	
John & Janet Shailer							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
6269 Rising Sun Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	0	7	2	1	3
						70.-	
Full Name of Contributor							
Melissa S Brown DBS DBS, LLC							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
98 North Murray Hill Rd						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43228	0	7	2	9	3
						280.-	
Full Name of Contributor							
Erik Shuey							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
5550 Kinvarra Ln						Check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43016	0	6	2	2	3
						35.-	
Full Name of Contributor							
William & Betty Phillis							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
1019 Torrey Hill Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43228	0	7	1	1	3
						100.-	
Full Name of Contributor							
Burgess & Burgess Strategists							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
26100 Lake Shore Blvd						Check	
City	State	Zip Code	M	D	Y	Amount	
Euclid	OH	44132	0	7	0	9	3
						280.-	
Full Name of Contributor							
Jane & Lee Schreiner							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
4728 Clayburn Dr E.						Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	0	7	2	0	3
						35.-	
Full Name of Contributor							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	OH						
Full Name of Contributor							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	OH						

* 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 name of organization of which the employees are members, if any, must also appear. (R.C. 3517.08(B)(4))