

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 Howard					Registration Number, if PAC		
Street Address 2688 Brinkman Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Grove City	State OH	Zip Code 43123	M 1	D 1	Y 0	Amount 10.-	
Full Name of Contributor North Franklin Elementary PTA					Registration Number, if PAC		
Street Address 1122 North Hague Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43204	M 1	D 1	Y 3	Amount 180.-	
Full Name of Contributor East Franklin PTA					Registration Number, if PAC		
Street Address 1955 Richmond Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43223	M 1	D 0	Y 2	Amount 50.-	
Full Name of Contributor The Darbydale PTA					Registration Number, if PAC		
Street Address 7000 London Groveport Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 2	Amount 500.-	
Full Name of Contributor CORPAC					Registration Number, if PAC		
Street Address 2700 Airport Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43219	M 1	D 0	Y 2	Amount 1000.-	
Full Name of Contributor Clinton & Jennifer Rardon					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 1	D 0	Y 2	Amount 100.-	
Full Name of Contributor Michael Lee & Kimberly Kay Scott					Registration Number, if PAC		
Street Address 4101 Brookgrove Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 1	Amount 50.-	
Full Name of Contributor Susan Borders					Registration Number, if PAC		
Street Address 325 Markley Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City London	State OH	Zip Code 43140	M 1	D 0	Y 1	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)]