

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 R. Kirk & Sue Hamilton						Registration Number, if PAC			
Street Address 5995 Grant Run Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 06	D 19	Y 09	Amount 200.-			
Full Name of Contributor Paul E. Kulik						Registration Number, if PAC			
Street Address 384 Westgreen Ln.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State OH	Zip Code 43082	M 06	D 10	Y 09	Amount 50.-			
Full Name of Contributor Deborah & R. Mike Blackwell						Registration Number, if PAC			
Street Address 5395 London Groveport Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Orient	State OH	Zip Code 43146	M 06	D 18	Y 09	Amount 50.-			
Full Name of Contributor Constance & Michael Parrett						Registration Number, if PAC			
Street Address 6211 Beaver Lake Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 06	D 18	Y 09	Amount 100.-			
Full Name of Contributor Grove City Football Mothers/Supporters Club						Registration Number, if PAC			
Street Address PO Box 575			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 06	D 16	Y 09	Amount 100.-			
Full Name of Contributor Charles & Kimberlee West						Registration Number, if PAC			
Street Address 3006 329 Kramer Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Canal Winchester	State OH	Zip Code 43110	M 06	D 15	Y 09	Amount 100.-			
Full Name of Contributor Charles & Beth Glitt						Registration Number, if PAC			
Street Address 6748 Lakeview Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Canal Winchester	State OH	Zip Code 43110	M 06	D 09	Y 09	Amount 75.-			
Full Name of Contributor James R. Ging						Registration Number, if PAC			
Street Address 4112 Maystar Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hilliard	State OH	Zip Code 43026	M 06	D 05	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)]