

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 Park Street Intermediate School				Registration Number, if PAC			
Street Address 3205 Park Street		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 0	D 2	Y 0	Amount 200.-	
Full Name of Contributor Fifth Third Bank				Registration Number, if PAC			
Street Address Fifth Third Bank		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Lexington	State OH KY	Zip Code	M 0	D 2	Y 0	Amount 5000.-	
Full Name of Contributor Kevin & Christie Laffin				Registration Number, if PAC			
Street Address 4447 Dawn Dr		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 0	D 2	Y 1	Amount 30.-	
Full Name of Contributor Molt Crossing IS PTA				Registration Number, if PAC			
Street Address 2706 Molt Road		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 0	D 2	Y 1	Amount 50.-	
Full Name of Contributor Sue & Mark Waller				Registration Number, if PAC			
Street Address 14504 Maple Ave		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Lakeview	State OH	Zip Code 43331	M 0	D 2	Y 2	Amount 75.-	
Full Name of Contributor Samuel & Diane Joseph				Registration Number, if PAC			
Street Address 2188 Berry Hill Dr		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 0	D 2	Y 2	Amount 100.-	
Full Name of Contributor Ronald L Brewer				Registration Number, if PAC			
Street Address 2402 Dorothy Ln		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 0	D 1	Y 2	Amount 60.-	
Full Name of Contributor Stephanie Baker & Adam Burk				Registration Number, if PAC			
Street Address 1821 Ashland Ave		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43212	M 1	D 2	Y 1	Amount 100.-	

* 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. 0(B)(4)]