

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 Ed Kennedy						Registration Number, if PAC	
Street Address No Address Given				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City		State OH	Zip Code	M	D	Y	Amount
				0	7	2	70.-
Full Name of Contributor Ellen Cahill						Registration Number, if PAC	
Street Address No Address Given				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City		State OH	Zip Code	M	D	Y	Amount
				0	7	2	20.-
Full Name of Contributor Michael & Kimberly Scott						Registration Number, if PAC	
Street Address 3021 Sawyer Dr				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M	D	Y	Amount
				0	8	1	50.-
Full Name of Contributor International Collision Repair						Registration Number, if PAC	
Street Address 5575 W Broad St				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43228	M	D	Y	Amount
				0	8	1	70.-
Full Name of Contributor Hugh & Marsha Garside						Registration Number, if PAC	
Street Address 3648 Orders Rd				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M	D	Y	Amount
				0	8	0	70.-
Full Name of Contributor Thomas & Sherry Minton						Registration Number, if PAC	
Street Address 1619 Tuscarora Dr				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M	D	Y	Amount
				0	8	0	35.-
Full Name of Contributor Robert & Kelley Rains						Registration Number, if PAC	
Street Address 645 Heron Dr				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Galloway		State OH	Zip Code 43119	M	D	Y	Amount
				0	8	1	70.-
Full Name of Contributor Larry & Deanna Lowers						Registration Number, if PAC	
Street Address 14585 N Old 3C Rd				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Sunbury		State OH	Zip Code 43074	M	D	Y	Amount
				0	8	1	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. 0(B)(4))

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Page Total \$0.00