

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 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 06		D 09		Y 09		Amount 50.-	
Full Name of Contributor RadioOhio INC						Registration Number, if PAC							
Street Address 34 S Third St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43215		M 06		D 10		Y 09		Amount 1,120.-	
Full Name of Contributor Grove City Greyhound Booster Club						Registration Number, if PAC							
Street Address P.O. Box 338			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 06		D 08		Y 09		Amount 2392.49	
Full Name of Contributor Grove City Greyhound Booster Club						Registration Number, if PAC							
Street Address P.O. Box 338			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 06		D 08		Y 09		Amount 17.92	
Full Name of Contributor Grove City Greyhound Booster Club						Registration Number, if PAC							
Street Address P.O. Box 338			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 06		D 09		Y 09		Amount 478.43	
Full Name of Contributor Grove City Greyhound Booster Club						Registration Number, if PAC							
Street Address P.O. Box 338			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 06		D 09		Y 09		Amount 316.62	
Full Name of Contributor Grove City Greyhound Booster Club						Registration Number, if PAC							
Street Address P.O. Box 338			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 06		D 09		Y 09		Amount 100.-	
Full Name of Contributor Deborah + Thomas Reed						Registration Number, if PAC							
Street Address 6926 Forresthaven Loop			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Dublin		State OH		Zip Code 43016		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)]

4525.46

Page Total **\$0.00**