

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 L.M. Saxton						Registration Number, if PAC	
Street Address 2339 Milligan Grove			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 0	D 6	Y 0109	Amount 150.-	
Full Name of Contributor Lori + David Sparks						Registration Number, if PAC	
Street Address 5844 Paul Talbot Cir			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 0	D 6	Y 0109	Amount 50.-	
Full Name of Contributor Michael + Suzanne Butler						Registration Number, if PAC	
Street Address 6471 Buckeye Path Dr. S.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 0	D 6	Y 0109	Amount 10.-	
Full Name of Contributor Christopher + April Myers						Registration Number, if PAC	
Street Address 6379 Buckeye Path Dr N			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 0	D 6	Y 0109	Amount 20.-	
Full Name of Contributor Rhea + Brad Skeen						Registration Number, if PAC	
Street Address 1969 Sunny Rock Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 0	D 6	Y 0109	Amount 20.-	
Full Name of Contributor Jonathan Miller						Registration Number, if PAC	
Street Address 2038 Mayflower Circle			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 0	D 6	Y 0109	Amount 50.-	
Full Name of Contributor Lois J. Rapp						Registration Number, if PAC	
Street Address 1317 Northfield Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Springfield	State OH	Zip Code 45502	M 0	D 6	Y 0109	Amount 50.-	
Full Name of Contributor Karolyn King						Registration Number, if PAC	
Street Address 6011 Grant Run Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 0	D 6	Y 0109	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. 3517.10(B)(4)]