

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 Charles or Pamela Lippert							Registration Number, if PAC						
Street Address 3251 Kingswood Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 03		D 19		Y 09		Amount \$5.00	
Full Name of Contributor Rhoda Hallman							Registration Number, if PAC						
Street Address 5785 Angie Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Hilliard		State OH		Zip Code 43026		M 03		D 20		Y 09		Amount \$5.00	
Full Name of Contributor Cynthia & Darrell Lenox Jr.							Registration Number, if PAC						
Street Address 1326 Red Bank Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 03		D 20		Y 09		Amount \$20.00	
Full Name of Contributor Tim & Jan McNeal							Registration Number, if PAC						
Street Address 2089 Santuoma Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 04		D 14		Y 09		Amount \$30.00	
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 03		D 20		Y 09		Amount \$25.00	
Full Name of Contributor Melissa & Anthony Forte							Registration Number, if PAC						
Street Address 3230 Guffey Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 04		D 17		Y 09		Amount \$5.00	
Full Name of Contributor Kristina Sullivan							Registration Number, if PAC						
Street Address 2485 Merrybell Ct				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 03		D 19		Y 09		Amount \$15.00	
Full Name of Contributor Jennifer Trimble							Registration Number, if PAC						
Street Address 4393 Dawn Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 04		D 14		Y 09		Amount \$15.00	

* 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)(*)]

Page Total **\$0.00**

\$120