

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens For Southwestern City Schools									
Full Name of Contributor Zoraba Ross							Registration Number, if PAC		
Street Address 1822 Fairhaven Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43229		M D Y 04 12 09		Amount \$70.-	
Full Name of Contributor Michael & Kimberly McConnell							Registration Number, if PAC		
Street Address 5181 Harrisburg Georgesville Rd.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City		State OH		Zip Code 43123		M D Y 04 20 09		Amount \$100.-	
Full Name of Contributor Thomas or Carla Wisard							Registration Number, if PAC		
Street Address 6688 Amur Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43235		M D Y 04 17 09		Amount \$25.-	
Full Name of Contributor David Petree							Registration Number, if PAC		
Street Address 122 W. Schreyer Pl.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43214		M D Y 04 17 09		Amount \$50.-	
Full Name of Contributor Cash Contribution							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City		State OH		Zip Code		M D Y 04 28 09		Amount \$500.-	
Full Name of Contributor Joanna Greenwalt							Registration Number, if PAC		
Street Address 6404 Stretton Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Caval Winchester		State OH		Zip Code 43110		M D Y 04 17 09		Amount \$50.-	
Full Name of Contributor Michael & Elizabeth Markowitz							Registration Number, if PAC		
Street Address 7700 Windsor Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin		State OH		Zip Code 43016		M D Y 04 17 09		Amount \$20.-	
Full Name of Contributor H. Fred & Kathy Ruoff							Registration Number, if PAC		
Street Address 7281 Riverside Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin		State OH		Zip Code 43016		M D Y 04 21 09		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(E)(4)]

Page Total \$0.00