

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 Clinton & Jennifer Rardon						Registration Number, if PAC					
Street Address 2308 Josephine Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Grove City			State OH		Zip Code 43123		M 03		D 25	Y 09	Amount \$100.00
Full Name of Contributor John & Linda Bokros						Registration Number, if PAC					
Street Address 642 Berkeley Pl N			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Westerville			State OH		Zip Code 43081		M 03		D 27	Y 09	Amount \$100.00
Full Name of Contributor Bryan Mulvany						Registration Number, if PAC					
Street Address 4739 Hunting Creek Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Grove City			State OH		Zip Code 43123		M 03		D 27	Y 09	Amount \$100.00
Full Name of Contributor Dianna Fowler & Robert Thorn						Registration Number, if PAC					
Street Address 210 Creighton CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Gahanna			State OH		Zip Code 43230		M 03		D 26	Y 09	Amount \$25.00
Full Name of Contributor Mary Kinnaird - Padovan						Registration Number, if PAC					
Street Address 1192 Stanhope Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Columbus			State OH		Zip Code 43221		M 03		D 25	Y 09	Amount \$50.00
Full Name of Contributor Schorr Architects, Inc.						Registration Number, if PAC					
Street Address 230 Bradenton Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Dublin			State OH		Zip Code 43017		M 03		D 24	Y 09	Amount \$200.00
Full Name of Contributor Don Casey, INC.						Registration Number, if PAC					
Street Address 2014 Longwood Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Grove City			State OH		Zip Code 43123		M 03		D 28	Y 09	Amount \$150.00
Full Name of Contributor Harrisburg PTA						Registration Number, if PAC					
Street Address 1082 School Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check				
City Harrisburg			State OH		Zip Code 43126		M 03		D 18	Y 09	Amount \$300.00

* 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)(4)]

Page Total **\$0.00**

1025.00