

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 Steven Carr							Registration Number, if PAC		
Street Address 1906 E Beaumont Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43224		M 06		D 09	
						Y 09		Amount 50.-	
Full Name of Contributor Ronald L. Brewer							Registration Number, if PAC		
Street Address 2402 Dorothy Ln				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 Westland Area Business Association							Registration Number, if PAC		
Street Address P.O. Box 282035				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43228		M 06		D 19	
						Y 09		Amount 2500.-	
Full Name of Contributor Carlos & Garilee Ogden							Registration Number, if PAC		
Street Address 2005 Columbus Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Granville		State OH		Zip Code 43023		M 06		D 12	
						Y 09		Amount 50.-	
Full Name of Contributor Reve M. Phillips							Registration Number, if PAC		
Street Address 7600 Coventry Woods Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin		State OH		Zip Code 43017		M 06		D 14	
						Y 09		Amount 50.-	
Full Name of Contributor Herman & Mary Atzenhofer							Registration Number, if PAC		
Street Address 4682 Burnwood Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 06		D 12	
						Y 09		Amount 50.-	
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 06		D 18	
						Y 09		Amount 50.-	
Full Name of Contributor Kenneth & Kristin Pease							Registration Number, if PAC		
Street Address 4230 Darbyshire Ct				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard		State OH		Zip Code 43026		M 06		D 10	
						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)]

Page Total **\$0.00**