

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 Diane or Mark Markins						Registration Number, if PAC			
Street Address 85 Freeway Dr. SW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Reynoldsburg			State OH		Zip Code 43068		M D Y 10 26 09		Amount 47.-
Full Name of Contributor Nancy L. Youse						Registration Number, if PAC			
Street Address 6019 Carmell Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43228		M D Y 11 01 09		Amount 50.-
Full Name of Contributor Garvericks INC						Registration Number, if PAC			
Street Address 1910 Strington Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Grove City			State OH		Zip Code 43123		M D Y 10 29 09		Amount 123.55
Full Name of Contributor Big Run Bluffs						Registration Number, if PAC			
Street Address 3937 Tarrington Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43220		M D Y 11 01 09		Amount 1500.-
Full Name of Contributor Muscilli Construction						Registration Number, if PAC			
Street Address 2041 Arlingate Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43228		M D Y 10 29 09		Amount 1000.-
Full Name of Contributor Southwestern Council OF PTAS						Registration Number, if PAC			
Street Address 1231 Pinnacle Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43204		M D Y 11 04 09		Amount 160.-
Full Name of Contributor Galloway Ridge PTA Intermediate School						Registration Number, if PAC			
Street Address 122 Galloway Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Galloway			State OH		Zip Code 43119		M D Y 11 04 09		Amount 250.-
Full Name of Contributor Brookpark Middle School PTSA						Registration Number, if PAC			
Street Address 2803 Southwest Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Grove City			State OH		Zip Code 43123		M D Y 11 04 09		Amount 190.-

* 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)]