

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full Citizens For Southwestern City Schools									
Full Name of Contributor Bricker & Eckler LLP						Registration Number, if PAC OH821			
Street Address 100 S Third St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 7	
						Y 10		Amount 500.-	
Full Name of Contributor Melissa & Todd Hoop						Registration Number, if PAC			
Street Address 3285 Longridge Way				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 0		D 7	
						Y 23		Amount 200.-	
Full Name of Contributor Steven & Trudy Funk						Registration Number, if PAC			
Street Address 1283 White Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 0		D 7	
						Y 09		Amount 2000.-	
Full Name of Contributor Franklin Heights PTSA						Registration Number, if PAC			
Street Address 1001 Demarest Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43204		M 0		D 7	
						Y 19		Amount 35.-	
Full Name of Contributor Joyce Malainy						Registration Number, if PAC			
Street Address 13713 Jug St Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Johnstown		State OH		Zip Code 43031		M 0		D 7	
						Y 22		Amount 50.-	
Full Name of Contributor Larry & Frances Black						Registration Number, if PAC			
Street Address 1446 Hawthorne Parkway				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Grove City		State OH		Zip Code 43123		M 0		D 7	
						Y 23		Amount 5.-	
Full Name of Contributor Rockford Homes						Registration Number, if PAC			
Street Address 999 Polaris Parkway Ste 200				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43240		M 0		D 7	
						Y 22		Amount 500.-	
Full Name of Contributor Judith Smith						Registration Number, if PAC			
Street Address 8179 Hillingdon Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Powell		State OH		Zip Code 43065		M 0		D 7	
						Y 25		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