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## **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				
REull Name of Contributor			Registration Number, if PA	vc
Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)				
Street Address 6470 Buckeye Path Dr S City	Employer/Occupat	ion/Labor Organization°		Form (Cash, Check, etc.)
City	State	Zip Code	MIDIN	Amount
Grave City   Full Name of Contributor	ОН	43123	100809	20
Full Name of Contributor Registration Number, if PAC				
Nea + Brad 5 Keen  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)				
Street Address	Employer/Occupat	ion/Labor Organization®		Form (Cash, Check, etc.)
1969 Survy Rock Lane		Yell e		Check
	Stake OH	Zip Code	MDY	Amount
Grove City Full Name of Contributor		43123	101809	10
Park Street Intermediat		in a han One in the *		Form (Cash, Check, etc.)
3205 Park Street	Employer/Occupat	ion/Labor Organization*		Check
City	State	Zip Code	M D Y	Amount
Grove City	OH	43123	111009	240
Full Name of Contributor	<u> </u>		Registration Number, if PA	Contraction of the Contraction o
Grove City High School Band Boosters				
Street Address	Employer/Occupat	ion/Labor Organization®		Form (Cash, Check, etc.)
P.O. Box 403	0.1			Check
	State OH	Zip Code	MODY	Amount 2000.—
Grove City Full Name of Contributor	Un	43123	102609 Registration Number, if P	1
Finland Middle School PTA				
Street Address	<u> </u>	ion/Labor Organization*		Form (Cash, Check, etc.)
1825 Finland Ave	Employer/Occupat	TOTAL ESOT OF GRADICATION		Check
City	State	Zip Code	M D Y	Amount
Colymbus	OH	43223	103009	50.
Full Name of Contributor			Registration Number, if Pa	Anne a company and a company a
Marcia Schaefer 1 Ted Schaefer 5R.  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)				
	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
3069 Carisbrook Rd				Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43221	100109	50.
Full Name of Contributor  TOLN & DOWN SCOTT  Registration Number, if PAC				
Street Address	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.)
3016 Olson Place	-			Cleck
City	State	Zip Code	M D Y	Amount
Corove City	OH	43123	103009	10-
Full Name of Contributor  Registration Number, if PAC  Stiles Elementary PTA				
Street Address	Employer/Occupat	tion/Labor Organization		Form (Cash, Check, etc.)
4700 Stiles Avenue	, ,,	· · · · · · · · · · · · · · · · · · ·		Check
City	State	Zip Code	M D Y	Amount
Columbis	OH	43228	103009	60

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