

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 Janes & Deborah Campbell							Registration Number, if PAC		
Street Address 2400 Valencia Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galloway		State OH		Zip Code 43119		M D Y 03 31 09		Amount \$ 5.-	
Full Name of Contributor Jennifer Burnis							Registration Number, if PAC		
Street Address 1400 Hideaway Woods Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville		State OH		Zip Code 43081		M D Y 04 02 09		Amount \$ 5.-	
Full Name of Contributor Heather & Joseph Barnes							Registration Number, if PAC		
Street Address 4529 Nickerson Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43228		M D Y 04 02 09		Amount \$ 5.-	
Full Name of Contributor Emily Erickson							Registration Number, if PAC		
Street Address 598 Hunt Valley Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg		State OH		Zip Code 43068		M D Y 04 01 09		Amount \$ 5.-	
Full Name of Contributor Meredith & Mark Ervin							Registration Number, if PAC		
Street Address 427 Darbyhurst Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43228		M D Y 03 18 09		Amount \$ 15.-	
Full Name of Contributor Kristine Devore							Registration Number, if PAC		
Street Address 831 Parade Pl				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Galloway		State OH		Zip Code 43119		M D Y 04 17 09		Amount \$ 5.-	
Full Name of Contributor Jane A. Ferry							Registration Number, if PAC		
Street Address 934 Medinah Terrace				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43235		M D Y 04 17 09		Amount \$ 200.-	
Full Name of Contributor Lois Rapp							Registration Number, if PAC		
Street Address 1317 Northfield Rd.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Springfield		State OH		Zip Code 45502		M D Y 04 17 09		Amount \$ 100.-	

* 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**

\$ 240