

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 Charles & Kelly Boso Jr.					Registration Number, if PAC				
Street Address 4416 Bryston Rd					Employer/Occupation/Labor Organization*				
City Grove City					State OH		Zip Code 43123		Form (Cash, Check, etc.) Check
					M 02		D 08		Y 12 Amount 50.-
Full Name of Contributor Sandra & Michael Nkeleoff					Registration Number, if PAC				
Street Address 2937 Crabapple Pl					Employer/Occupation/Labor Organization*				
City Grove City					State OH		Zip Code 43123		Form (Cash, Check, etc.) Check
					M 02		D 08		Y 12 Amount 100.-
Full Name of Contributor Michael & Kimberly Scott					Registration Number, if PAC				
Street Address 3021 Sawyer Dr					Employer/Occupation/Labor Organization*				
City Grove City					State OH		Zip Code 43123		Form (Cash, Check, etc.) Check
					M 02		D 10		Y 12 Amount 100.-
Full Name of Contributor Christina & Edward Kennedy					Registration Number, if PAC				
Street Address 4920 Tayport Ave					Employer/Occupation/Labor Organization*				
City Grove City					State OH		Zip Code 43123		Form (Cash, Check, etc.) Check
					M 02		D 08		Y 12 Amount 140.-
Full Name of Contributor Jeffery & Jamie Wiegand					Registration Number, if PAC				
Street Address 1102 Pinnacle Club Dr					Employer/Occupation/Labor Organization*				
City Grove City					State OH		Zip Code 43123		Form (Cash, Check, etc.) Check
					M 02		D 08		Y 12 Amount 150.-
Full Name of Contributor Mark & Jayne Mayers					Registration Number, if PAC				
Street Address 2787 Annabelle Ct					Employer/Occupation/Labor Organization*				
City Grove City					State OH		Zip Code 43123		Form (Cash, Check, etc.) Check
					M 02		D 08		Y 12 Amount 220.-
Full Name of Contributor Zana Vincent					Registration Number, if PAC				
Street Address 2940 Sawyer Ct					Employer/Occupation/Labor Organization*				
City Grove City					State OH		Zip Code 43123		Form (Cash, Check, etc.) Check
					M 02		D 08		Y 12 Amount 50.-
Full Name of Contributor Robert & Kelley Rains					Registration Number, if PAC				
Street Address 645 Heron Drive					Employer/Occupation/Labor Organization*				
City Galloway					State OH		Zip Code 43119		Form (Cash, Check, etc.) Check
					M 02		D 08		Y 12 Amount 40.-

* 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. 3517.05(B)(4)]

Page Total \$0.00