

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 Darby Woods Elementary PTA						Registration Number, if PAC			
Street Address 255 Westwoods Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Galloway		State OH	Zip Code 43119		M 1	D 0	Y 2	Amount 550.-	
Full Name of Contributor F. Derek Fitzer						Registration Number, if PAC			
Street Address 194 Olentangy Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43202		M 1	D 0	Y 2	Amount 10.-	
Full Name of Contributor Deborah Carpenter						Registration Number, if PAC			
Street Address 4694 Cadmus Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43228		M 1	D 0	Y 2	Amount 50.-	
Full Name of Contributor William & Betty Phillis						Registration Number, if PAC			
Street Address 1019 Torrey Hill Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43228		M 1	D 0	Y 2	Amount 100.-	
Full Name of Contributor Zoraba Ross						Registration Number, if PAC			
Street Address 1822 Fairhaven Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43229		M 1	D 0	Y 2	Amount 50.-	
Full Name of Contributor J.C. Sommer PTA						Registration Number, if PAC			
Street Address 3055 Kingston Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City		State OH	Zip Code 43123		M 1	D 0	Y 2	Amount 250.-	
Full Name of Contributor James & Tammy French						Registration Number, if PAC			
Street Address 6252 Buckeye Parkway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City		State OH	Zip Code 43123		M 1	D 0	Y 2	Amount 1000.-	
Full Name of Contributor Robert & Barbara Lewis						Registration Number, if PAC			
Street Address 4434 Clark Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City		State OH	Zip Code 43123		M 1	D 0	Y 2	Amount 200.-	

* 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)]