

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 Edward & Amy Gwazdanskas						Registration Number, if PAC	
Street Address 6216 Beaver Lake Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 3	Amount 50.-	
Full Name of Contributor Karen & Daniel New						Registration Number, if PAC	
Street Address 6166 Winnebago St		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 2	Amount 50.-	
Full Name of Contributor Denise & Phillip Trudeau						Registration Number, if PAC	
Street Address 3900 MayFair Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 1	Amount 50.-	
Full Name of Contributor Laura & John Bova						Registration Number, if PAC	
Street Address 3623 Olentangy Blvd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 1	Amount 47.-	
Full Name of Contributor Galloway Ridge PTA						Registration Number, if PAC	
Street Address 122 Galloway Rd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Galloway	State OH	Zip Code 43119	M 1	D 0	Y 8	Amount 750.-	
Full Name of Contributor Mark & Cathy Moore						Registration Number, if PAC	
Street Address 6346 Buckeye Path Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 5	Amount 47.-	
Full Name of Contributor Judith Smith						Registration Number, if PAC	
Street Address 8179 Hillington		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	M 1	D 0	Y 5	Amount 47.-	
Full Name of Contributor Weig Wang						Registration Number, if PAC	
Street Address 3456 Natalie Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 3	Amount 47.-	

* 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)]