Like

Statement of Contributions Received

Page 3

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Citizens For Southwestern City Schools				
Pagistration Number of Contributor				
Ulrey Foods INC, Street Address				
Street Address	Employer/Occupation/Labor Organization*		-	Form (Cash, Check, etc.)
3967-F Presidential PKWY				Check
	State	Zip Code	M D Y	Amount
Powell	OH	43065	100209	600
Full Name of Contributor Registration Number, if PAC				
Karen Cook				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
Street Address 2426 Mardesty Dr. 5 City 0				Check
City	State	Zip Code	M D Y	Amount
Columbus	ОН	43204	100609	50.
Full Name of Contributor Registration Number, if PAC				
Nancy Meeks Street Address Employer/Occupation/Labor Occupation* Form (Cash Check etc.)				
Street Address	Employer/Occupat	ion/Labor Organization®		Form (Cash, Check, etc.)
491 Scioto Meadows Blvd				Cleck
ECITY	State	Zip Code	M D Y	Amount
Grove City Full Name of Contributor	OH	43123	100409	50
Full Name of Contributor			Registration Number, if PA	C
Brayley + Lisa Green Street Address	-			
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
2720 Woods Cres				Check Amount
City Conso Conso	State	Zip Code	1000409	Amount
Grove City	OH	43123		
Full Name of Contributor Registration Number, if PAC				
Peter + Whitney Scully	<u> </u>			
293 Iris trail Drive	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	Ct.V.	7: 0 1		Clock
Callarran	Stake OH	Zip Code H3119	MDY	Amount 100
Galloway Full Name of Contributor		143114	090209	i i
OAPSE AFSCME Street Address	Employer/Occupation/Labor Organization*			
6805 Oak Creek. Dr	Employer/Occupat	ion/Labor Organization		Form (Cash, Check, etc.)
8 Cits:	State	Zip Code		CHECK
Calindre	OH	43229	093009	Amount 5.000.
Full Name of Contributor			Registration Number, if P	Anna programme and the commence of the commenc
Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Cary Leasure				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
2485 Milliam Grave	Zimpioy an occupat	ion dasor organization		Check
2485 Milligan Grove	State	Zip Code	TM D Y	Amount
CACAUD. CITY	OH.	43123	100409	40
Grove City Full Name of Contributor			Registration Number, if PA	<u> </u>
Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) 2769 Buxton LN Check				
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
2769 BUX HALL 1 11	an Occupan	Vibration of		Check
City	State	Zip Code	MIBIN	Amount
Grove City	OH	43123	1100409	40.
	<u> </u>	I Complete Control Control	1,101212121	5 65 -

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