

# 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						Registration Number, if PAC			
Ulrey Foods INC.									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3967-F Presidential Pkwy						Check			
City			State	Zip Code		M	D	Y	Amount
Powell			OH	43065		1	0	2	600.-
Full Name of Contributor						Registration Number, if PAC			
Karen Cook									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2426 Hardesty Dr. S						Check			
City			State	Zip Code		M	D	Y	Amount
Columbus			OH	43204		1	0	6	50.-
Full Name of Contributor						Registration Number, if PAC			
Nancy Meeks									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
491 Scioto Meadows Blvd						Check			
City			State	Zip Code		M	D	Y	Amount
Grove City			OH	43123		1	0	4	50.-
Full Name of Contributor						Registration Number, if PAC			
Bradley & Lisa Green									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2720 Woods Cres						Check			
City			State	Zip Code		M	D	Y	Amount
Grove City			OH	43123		1	0	4	100.-
Full Name of Contributor						Registration Number, if PAC			
Peter & Whitney Scully									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
293 Iris trail Drive						Check			
City			State	Zip Code		M	D	Y	Amount
Galloway			OH	43119		0	9	0	100.-
Full Name of Contributor						Registration Number, if PAC			
OAPSE AFSCME									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
6805 Oak Creek Dr						Check			
City			State	Zip Code		M	D	Y	Amount
Columbus			OH	43229		0	9	3	5000.-
Full Name of Contributor						Registration Number, if PAC			
Gary Leasure									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2485 Milligan Grove						Check			
City			State	Zip Code		M	D	Y	Amount
Grove City			OH	43123		1	0	4	40.-
Full Name of Contributor						Registration Number, if PAC			
Joseph & Kathleen Clark									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2769 Buxton Ln						Check			
City			State	Zip Code		M	D	Y	Amount
Grove City			OH	43123		1	0	4	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. 3517.10(B)(4)]