

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 David + Denise Cole						Registration Number, if PAC			
Street Address 8818 Chateau Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Pickerington			State OH		Zip Code 43147		M D Y 10 06 09		Amount 10.-
Full Name of Contributor Jessica Hampson						Registration Number, if PAC			
Street Address 912 Sheridan Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43209		M D Y 10 02 09		Amount 30.-
Full Name of Contributor Casey + Marsha Fowler						Registration Number, if PAC			
Street Address 1427 Tall Meadows Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus			State OH		Zip Code 43223		M D Y 10 13 09		Amount 10.-
Full Name of Contributor Grove City Visitors & Convention Bureau						Registration Number, if PAC			
Street Address 4052 Broadway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Grove City			State OH		Zip Code 43123		M D Y 10 23 09		Amount 2500.-
Full Name of Contributor Ronald + Martha Pfeifer						Registration Number, if PAC			
Street Address 2850 Wynridge Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Grove City			State OH		Zip Code 43123		M D Y 10 26 09		Amount 100.-
Full Name of Contributor Patricia Benedik						Registration Number, if PAC			
Street Address 230 Players Club Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Commercial Point			State OH		Zip Code 43116		M D Y 10 22 09		Amount 50.-
Full Name of Contributor Monterey PTA						Registration Number, if PAC			
Street Address 2584 Dennis Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Grove City			State OH		Zip Code 43123		M D Y 10 13 09		Amount 200.-
Full Name of Contributor Gary Leaswe						Registration Number, if PAC			
Street Address 2485 Milligan Grove			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Grove City			State OH		Zip Code 43123		M D Y 10 27 09		Amount 500.-

* 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)]