

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS For Southwestern City Schools									
Full Name of Contributor Raymond W. Stark						Registration Number, if PAC			
Street Address 4448 Broadway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 06		D 23	
						Y 09		Amount \$ 50.-	
Full Name of Contributor Karen + Rodney Evans						Registration Number, if PAC			
Street Address 2464 Marthas Wood			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 06		D 18	
						Y 09		Amount \$ 100.-	
Full Name of Contributor Douglas + Bernadine Wallace						Registration Number, if PAC			
Street Address 5952 Grant Run Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 06		D 28	
						Y 09		Amount \$ 100.-	
Full Name of Contributor Joyce L. Malainy						Registration Number, if PAC			
Street Address 13713 Jug St Rd. NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Johnstown		State OH		Zip Code 43031		M 06		D 30	
						Y 09		Amount \$ 50.-	
Full Name of Contributor Garvericks Subway						Registration Number, if PAC			
Street Address 1693 Springtown Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 06		D 30	
						Y 09		Amount \$ 500.-	
Full Name of Contributor William L. Lager						Registration Number, if PAC			
Street Address 155 W. Main St. Ste 1206			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M 06		D 20	
						Y 09		Amount \$ 2500.-	
Full Name of Contributor Marsha + James McCormick						Registration Number, if PAC			
Street Address 6016 Coventry Bend Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH		Zip Code 43026		M 06		D 30	
						Y 09		Amount \$ 50.-	
Full Name of Contributor O.L. Miller + Sons, Co.						Registration Number, if PAC			
Street Address 375 S. Princeton Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43223		M 06		D 25	
						Y 09		Amount \$ 150.-	

* 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