

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 Barbara A. Pringle						Registration Number, if PAC	
Street Address 3028 Woodgrove Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 09	D 04	Y 09	Amount \$125.-	
Full Name of Contributor J.J. Pop INC						Registration Number, if PAC	
Street Address 7695 Haverhill Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 09	D 04	Y 09	Amount \$42.-	
Full Name of Contributor Kathryn Buckerfield						Registration Number, if PAC	
Street Address 4062 Ponds Edge St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 07	D 29	Y 09	Amount \$100.-	
Full Name of Contributor Edward + Judy Palmer						Registration Number, if PAC	
Street Address 6382 Wah+ Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 07	D 29	Y 09	Amount \$200.-	
Full Name of Contributor CAR Source						Registration Number, if PAC	
Street Address 1200 Stringtown Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 07	D 23	Y 09	Amount \$200.-	
Full Name of Contributor John + Teresa Lannutti						Registration Number, if PAC	
Street Address 2939 Dunhurst Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 08	D 21	Y 09	Amount \$500.-	
Full Name of Contributor Patrick M. Scott						Registration Number, if PAC	
Street Address 2652 Queensway Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 08	D 21	Y 09	Amount \$1000.-	
Full Name of Contributor Michael + Kimberly Scott						Registration Number, if PAC	
Street Address 4101 Brookgrove Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 08	D 17	Y 09	Amount \$1500.-	

* 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)]