

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 John J Dubos, DAS, INC						Registration Number, if PAC			
Street Address 2655 Columbus Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 1		D 0	
						Y 04		Amount 200.-	
Full Name of Contributor Patrick John O'Brien						Registration Number, if PAC			
Street Address 4331 Teney Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 09		D 29	
						Y 09		Amount 40.-	
Full Name of Contributor Daniel & Danita Hordesty						Registration Number, if PAC			
Street Address 3140 Longridge Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 10		D 01	
						Y 09		Amount 40.-	
Full Name of Contributor Lois J. Rapp						Registration Number, if PAC			
Street Address 1317 Northfield Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Springfield		State OH		Zip Code 45502		M 09		D 28	
						Y 09		Amount 40.-	
Full Name of Contributor William & Amy Wise						Registration Number, if PAC			
Street Address 2458 Hickory bend Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 09		D 28	
						Y 09		Amount 40.-	
Full Name of Contributor Sandra & Michael Nekoloff						Registration Number, if PAC			
Street Address 2937 Crabapple Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 09		D 28	
						Y 09		Amount 40.-	
Full Name of Contributor Warren & Ruthann Gard						Registration Number, if PAC			
Street Address 1658 Cayuga Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 10		D 04	
						Y 09		Amount 20.-	
Full Name of Contributor Linda Wonderley						Registration Number, if PAC			
Street Address 597 Simbury St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43228		M 10		D 02	
						Y 09		Amount 20.-	

* 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)]