

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Contributor to Full									
Citizens For Southwestern City Schools									
Full Name of Contributor								Registration Number, if PAC	
Sandra & Michael Nekoloff									
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
2937 Crabapple Pl								Check	
City		State		Zip Code		M		D Y	
Grove City		OH		43123		10		26 12	
								Amount	
								280. -	
Full Name of Contributor									
Hugh & Marsha Garside									
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
4631 Lombardo St								Check	
City		State		Zip Code		M		D Y	
Grove City		OH		43123		11		01 12	
								Amount	
								70. -	
Full Name of Contributor									
William & Amy Wise									
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
2458 Hickory bend Ct								Check	
City		State		Zip Code		M		D Y	
Grove City		OH		43123		10		12 12	
								Amount	
								280. -	
Full Name of Contributor									
William Leibensperger									
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
4890 Dierker Rd								Check	
City		State		Zip Code		M		D Y	
Upper Arlington		OH		43220		10		16 12	
								Amount	
								70. -	
Full Name of Contributor									
Barbara Shaver									
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
2750 Kropp Rd								Check	
City		State		Zip Code		M		D Y	
Grove City		OH		43123		10		16 12	
								Amount	
								70. -	
Full Name of Contributor									
Thomas or Julie Willison									
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
2417 Ziner Circle N								Check	
City		State		Zip Code		M		D Y	
Grove City		OH		43123		10		26 12	
								Amount	
								35. -	
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D Y	
		OH						Amount	
Full Name of Contributor									
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D Y	
		OH						Amount	

* 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. 3517.08(B)(4))

Page Total \$0.00