

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						Registration Number, if PAC						
John & Linda Jones												
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
2501 Willowgate Rd						Check						
City			State		Zip Code		M		D	Y	Amount	
Grove City			OH		43123		1		0	2	09	\$10.-
Full Name of Contributor						Registration Number, if PAC						
Kimberly Travis												
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
7079 DUFFY ST						Check						
City			State		Zip Code		M		D	Y	Amount	
Columbus			OH		43235		1		0	2	09	\$5.-
Full Name of Contributor						Registration Number, if PAC						
Kathleen Morkan												
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
2494 Hotchkiss St						Check						
City			State		Zip Code		M		D	Y	Amount	
Grove City			OH		43123		1		0	6	09	5.-
Full Name of Contributor						Registration Number, if PAC						
Holly Kruti												
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
2321 Spring Cress Ave						Check						
City			State		Zip Code		M		D	Y	Amount	
Grove City			OH		43123		1		0	4	09	5.-
Full Name of Contributor						Registration Number, if PAC						
Thomas or Barbara Jech												
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
3584 Ziner Ct						Check						
City			State		Zip Code		M		D	Y	Amount	
Grove City			OH		43123		1		0	2	09	5.-
Full Name of Contributor						Registration Number, if PAC						
Melissa & Charles Smith												
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
8070 Ohio State Lane						Check						
City			State		Zip Code		M		D	Y	Amount	
Lancaster			OH		43130		1		0	5	09	100.-
Full Name of Contributor						Registration Number, if PAC						
Julie & David Ison												
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
66 Bartholomew Blvd						Check						
City			State		Zip Code		M		D	Y	Amount	
Powell			OH		43065		1		0	5	09	25.-
Full Name of Contributor						Registration Number, if PAC						
Eric & Denise Diaz												
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
1882 St. Lawrence Dr						Check						
City			State		Zip Code		M		D	Y	Amount	
Columbus			OH		43223		1		0	7	09	10.-

* 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)]