

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 JENNIFER ROBINSON						Registration Number, if PAC	
Street Address 5603 Medinah Dr Apt B			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 4	Y 09	Amount \$5.50	
Full Name of Contributor Larry & Christy Duncan						Registration Number, if PAC	
Street Address 1449 River Trail Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 3	Y 09	Amount \$5.-	
Full Name of Contributor Patrick & Molly Farrell						Registration Number, if PAC	
Street Address 6472 Falling Meadows Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Galena	State OH	Zip Code 43021	M 0	D 4	Y 09	Amount \$5.-	
Full Name of Contributor Joseph Dollins						Registration Number, if PAC	
Street Address 3056 Barbee Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 4	Y 09	Amount \$15.-	
Full Name of Contributor Nancy Florence						Registration Number, if PAC	
Street Address 1537 Rosedale PC Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Plain City	State OH	Zip Code 43064	M 0	D 4	Y 09	Amount \$5.-	
Full Name of Contributor J. Mark Woodworth						Registration Number, if PAC	
Street Address 3386 Parkbrook Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 3	Y 09	Amount \$15.-	
Full Name of Contributor Mark or Cathy Moore						Registration Number, if PAC	
Street Address 6346 Buckeye Path Dr. N			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 0	D 3	Y 09	Amount \$10.-	
Full Name of Contributor Gregory & Melissa Cox						Registration Number, if PAC	
Street Address 1315 Clove Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Galloway	State OH	Zip Code 43114	M 0	D 4	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)]