31-A
R.C. 3517.10

Page 15

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**	
Dawita Taylor					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
579 Butler Ave					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43223	03 20 09		$5.00
Full Name of Contributor				**Registration Number, if PAC**	
Brett or Sue Zeszotek					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
2179 Presley Dr					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	03 20 09		$10.00
Full Name of Contributor				**Registration Number, if PAC**	
Sherry Nighbert					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
4120 Basswood Ave.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	03 20 09		$5.00
Full Name of Contributor				**Registration Number, if PAC**	
Kimberly + Jeffrey Rice					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
3527 Marshrun dr					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	03 20 09		$10.00
Full Name of Contributor				**Registration Number, if PAC**	
George + Judy Basore					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
6252 Rising Sun DR.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	03 20 09		$5.00
Full Name of Contributor				**Registration Number, if PAC**	
Zimmerman School Equipment INC.					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
P.O. Box 209					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Blacklick	OH	43004	03 27 09		$300.00
Full Name of Contributor				**Registration Number, if PAC**	
Bradley + Patricia Adams					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
3330 Grove Park dr.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	03 20 09		$5.00
Full Name of Contributor				**Registration Number, if PAC**	
John + Janene Akers					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
2952 Louise Dr					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	03 23 09		$5.00

* 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)]

Page Total $0.00

345.00