

Statement of Contributions Received

Page 3

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					
Drenda J. Kemp										
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
707 S. Sylvan Ave						Check				
City			State		Zip Code		M		D	
Columbus			OH		43204		01		1512	
							Amount		25.-	
Full Name of Contributor					Registration Number, if PAC					
Linda Kuhn										
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
460 Trillium Dr						Check				
City			State		Zip Code		M		D	
Galloway			OH		43119		01		0412	
							Amount		50.-	
Full Name of Contributor					Registration Number, if PAC					
West Franklin Elementary School PTA										
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
3501 Briggs Rd						Check				
City			State		Zip Code		M		D	
Columbus			OH		43204		01		0512	
							Amount		200.-	
Full Name of Contributor					Registration Number, if PAC					
Dawn Lauridsen-Long										
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
6300 Rager Road						Check				
City			State		Zip Code		M		D	
Groveport			OH		43215		01		1112	
							Amount		25.-	
Full Name of Contributor					Registration Number, if PAC					
Stiles Elementary PTA										
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
4700 Stiles Ave						Check				
City			State		Zip Code		M		D	
Columbus			OH		43228		01		1412	
							Amount		300.-	
Full Name of Contributor					Registration Number, if PAC					
North Franklin Elementary PTA										
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
1122 North Hague Ave						Check				
City			State		Zip Code		M		D	
Columbus			OH		43204		01		2312	
							Amount		200.-	
Full Name of Contributor					Registration Number, if PAC					
Aiton Hall School PTA										
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
1000 Aiton Road						Check				
City			State		Zip Code		M		D	
Galloway			OH		43119		01		1112	
							Amount		100.-	
Full Name of Contributor					Registration Number, if PAC					
John & Sarah Morgan										
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
1024 Grandon Ave						Check				
City			State		Zip Code		M		D	
Bexley			OH		43209		01		2412	
							Amount		50.-	

* 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 employers 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. 3517.05(B)(4))

Page Total \$0.00