

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 Marcia Randall						Registration Number, if PAC							
Street Address 4654 Thornoak Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check							
City Grove City		State OH		Zip Code 43123		M 03		D 31		Y 09		Amount \$ 5.-	
Full Name of Contributor Susan or Timothy Ruffley						Registration Number, if PAC							
Street Address 3553 Pin Oak Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check							
City Grove City		State OH		Zip Code 43123		M 03		D 19		Y 09		Amount \$ 20.-	
Full Name of Contributor Jean M. Lampe						Registration Number, if PAC							
Street Address 527 S. SELBY Selby Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check							
City Worthington		State OH		Zip Code 43085		M 03		D 31		Y 09		Amount \$ 5.-	
Full Name of Contributor Ryan & Gretchen Walker						Registration Number, if PAC							
Street Address 5216 Southminster Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check							
City Columbus		State OH		Zip Code 43221		M 03		D 19		Y 09		Amount \$ 50.-	
Full Name of Contributor Cheri Turner						Registration Number, if PAC							
Street Address 7615 Seeds Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check							
City Orient		State OH		Zip Code 43146		M 03		D 26		Y 09		Amount \$ 5.-	
Full Name of Contributor Jeremy Hoepf						Registration Number, if PAC							
Street Address 1299 Morning Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check							
City Columbus		State OH		Zip Code 43212		M 03		D 18		Y 09		Amount \$ 5.-	
Full Name of Contributor Charles Ruby						Registration Number, if PAC							
Street Address 3273 Columbus St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check							
City Grove City		State OH		Zip Code 43123		M 03		D 31		Y 09		Amount \$ 15.00	
Full Name of Contributor Anthony & Dianne Mabry						Registration Number, if PAC							
Street Address 2739 Lori's Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check							
City Grove City		State OH		Zip Code 43123		M 03		D 31		Y 09		Amount \$ 15.00	

* 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**

\$ 120