

Statement of Contributions Received

Prescribed by Secretary of State 6/3/05

Name of Committee in Full Citizens For Southwestern City Schools							
Full Name of Contributor Jackson Middle School						Registration Number, if PAC	
Street Address 2271 Holton Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123		M 1	D 0	Y 18
Amount 500.-							
Full Name of Contributor Key Bank National Association							
Street Address 88 E Broad St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215		M 1	D 2	Y 0318
Amount 1500.-							
Full Name of Contributor							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
Full Name of Contributor							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
Full Name of Contributor							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
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Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
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City		State	Zip Code		M	D	Y
Amount							
Full Name of Contributor							
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City		State	Zip Code		M	D	Y
Amount							
Full Name of Contributor							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							

* 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 \$ _____