

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 Cheri Denis						Registration Number, if PAC	
Street Address 2265 Park Ridge Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 08	D 02	Y 10	Amount 90.-	
Full Name of Contributor Scott & Chris Denbner						Registration Number, if PAC	
Street Address 4684 Merit Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 08	D 03	Y 10	Amount 70.-	
Full Name of Contributor Sandra & Michael Nekoloff						Registration Number, if PAC	
Street Address 2937 Crabapple Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 08	D 02	Y 10	Amount 280.-	
Full Name of Contributor Tanice Collette						Registration Number, if PAC	
Street Address 6041 McNaughten Grove Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43213	M 08	D 02	Y 10	Amount 35.-	
Full Name of Contributor James Ging						Registration Number, if PAC	
Street Address 4112 Maystar Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Hilliard	State OH	Zip Code 43026	M 07	D 23	Y 10	Amount 40.-	
Full Name of Contributor Lois & Curtis Rapp Wilson						Registration Number, if PAC	
Street Address 1317 Northfield Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Springfield	State OH	Zip Code 45502	M 07	D 29	Y 10	Amount 70.-	
Full Name of Contributor Gary Leasure						Registration Number, if PAC	
Street Address 2485 Milligan Grove			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M 07	D 29	Y 10	Amount 70.-	
Full Name of Contributor Christina & Troy Shore						Registration Number, if PAC	
Street Address 5684 Duchess Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Galloway	State OH	Zip Code 43119	M 07	D 27	Y 10	Amount 70.-	

* 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))

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