

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 Ted A. Berry							Registration Number, if PAC		
Street Address 3311 Summer Glen Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 05		D 20	
						Y 09		Amount 100.-	
Full Name of Contributor Michael & Laura Lynn Lilly							Registration Number, if PAC		
Street Address 2398 Ziner Circle S				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 06		D 04	
						Y 09		Amount 100.-	
Full Name of Contributor Wiley Foods, Inc. DBA. Flyers Pizza & Subs							Registration Number, if PAC		
Street Address 3967-F Presidential Pkwy				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Powell		State OH		Zip Code 43065		M 06		D 05	
						Y 09		Amount 1000.-	
Full Name of Contributor Hayes Intermediate PTA							Registration Number, if PAC		
Street Address 4436 Haughw Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 06		D 04	
						Y 09		Amount 200.-	
Full Name of Contributor Bryan & Mary Mulvaney							Registration Number, if PAC		
Street Address 4739 Hunting Creek Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 06		D 05	
						Y 09		Amount 100.-	
Full Name of Contributor Deana & Michael Gordon							Registration Number, if PAC		
Street Address 4597 Dunmannon Way				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 06		D 05	
						Y 09		Amount 100.-	
Full Name of Contributor Scott & Brenda Shives							Registration Number, if PAC		
Street Address 7171 Gay Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 06		D 04	
						Y 09		Amount 50.-	
Full Name of Contributor Sharon Mills							Registration Number, if PAC		
Street Address 9161 Constitution Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Orient		State OH		Zip Code 43146		M 05		D 14	
						Y 09		Amount 20.-	

* 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)]

1670.-

Page Total \$0.00

1670.-