

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 Todd + Elizabeth Reed						Registration Number, if PAC					
Street Address 2541 Owiton Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Grove City			State OH		Zip Code 43123		M 03		D 18	Y 09	Amount \$5.00
Full Name of Contributor Elizabeth Watkins						Registration Number, if PAC					
Street Address 44550 Carbon Hill Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Nelsonville			State OH		Zip Code 45764		M 03		D 18	Y 09	Amount \$30.00
Full Name of Contributor Anita Hobbs						Registration Number, if PAC					
Street Address 3146 Ranke Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Grove City			State OH		Zip Code 43123		M 03		D 17	Y 09	Amount \$10.00
Full Name of Contributor Mark Rains + Maria Thompson						Registration Number, if PAC					
Street Address 3392 Gateway Lakes Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Grove City			State OH		Zip Code 43123		M 03		D 12	Y 09	Amount \$10.00
Full Name of Contributor Kimberly Travis						Registration Number, if PAC					
Street Address 7079 DUFFY St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Columbus			State OH		Zip Code 43235		M 03		D 12	Y 09	Amount \$5.00
Full Name of Contributor Melissa Elder						Registration Number, if PAC					
Street Address 3575 Woody Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Caval Winchester			State OH		Zip Code 43110		M 03		D 18	Y 09	Amount \$5.00
Full Name of Contributor Christopher + Kerrie Marshall						Registration Number, if PAC					
Street Address 2657 Hoover Crossing Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Grove City			State OH		Zip Code 43123		M 03		D 17	Y 09	Amount \$10.00
Full Name of Contributor CASH CONTRIBUTION						Registration Number, if PAC					
Street Address N/A			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH				
City N/A			State OH		Zip Code		M 03		D 20	Y 09	Amount \$379.00

* 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**

454.00