

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee is Full											
Citizens For Southwestern City Schools											
Full Name of Contributor							Registration Number, if PAC				
Kelli Stammen											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1930 Winter Creek Ct							Check				
City		State		Zip Code		M		D		Y	
Grove City		OH		43123		0		2		11	
							Amount		80.-		
Full Name of Contributor							Registration Number, if PAC				
Jerry Billman											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
788 Claycross Ct							Check				
City		State		Zip Code		M		D		Y	
Galloway		OH		43119		0		2		11	
							Amount		80.-		
Full Name of Contributor							Registration Number, if PAC				
Wendi Stewart											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
9273 Hampshire Ct							Check				
City		State		Zip Code		M		D		Y	
Powell		OH		43065		0		2		11	
							Amount		70.-		
Full Name of Contributor							Registration Number, if PAC				
Natalie Stark											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
7177 Dean Farm Rd							Check				
City		State		Zip Code		M		D		Y	
New Albany		OH		43054		0		2		09	
							Amount		70.-		
Full Name of Contributor							Registration Number, if PAC				
Carl Metzger											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
4932 McNulty St							Check				
City		State		Zip Code		M		D		Y	
Grove City		OH		43123		0		2		09	
							Amount		70.-		
Full Name of Contributor							Registration Number, if PAC				
Tracy Harmon											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
230 Farm Creek							Check				
City		State		Zip Code		M		D		Y	
Gahanna		OH		43230		0		2		09	
							Amount		90.-		
Full Name of Contributor							Registration Number, if PAC				
Jill Burke											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
4643 Barnwood Dr							Check				
City		State		Zip Code		M		D		Y	
Grove City		OH		43123		0		2		09	
							Amount		70.-		
Full Name of Contributor							Registration Number, if PAC				
Edward Palmer											
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
6382 Wahl Ct							Check				
City		State		Zip Code		M		D		Y	
Grove City		OH		43123		0		2		09	
							Amount		90.-		

* 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 employers contribute via payroll deduction and exceed the aggregate of \$100, the name and organization of which the employees are members, if any, must also appear. (R.C. 3517.08)(4)

Page Total \$0.00