

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full Citizens with Southwestern City Schools									
Full Name of Contributor Westland Area Business Association						Registration Number, if PAC			
Street Address PO Box 282035			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43228		M 09		D 05	
						Y 18		Amount \$1000.-	
Full Name of Contributor Southwest Progressive Democrats						Registration Number, if PAC			
Street Address 4038 Broadway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 09		D 05	
						Y 18		Amount \$50.-	
Full Name of Contributor The Kleingers Group Inc						Registration Number, if PAC			
Street Address 350 Worthington Rd Ste B			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH		Zip Code 43082		M 09		D 10	
						Y 18		Amount \$750.-	
Full Name of Contributor JC Sommer Elementary PTA						Registration Number, if PAC			
Street Address 3055 Kingston Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 09		D 11	
						Y 18		Amount \$500.-	
Full Name of Contributor Grove City High School PTSA						Registration Number, if PAC			
Street Address 4665 Hoover Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 09		D 11	
						Y 18		Amount \$500.-	
Full Name of Contributor Patrick & Denise Devine						Registration Number, if PAC			
Street Address 296 North Remington Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43209		M 09		D 12	
						Y 18		Amount \$1000.-	
Full Name of Contributor William & Amy Wise						Registration Number, if PAC			
Street Address 2458 Hickory bend Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 09		D 11	
						Y 18		Amount \$400.-	
Full Name of Contributor Darbydale Elementary PTA						Registration Number, if PAC			
Street Address 7000 London Groupport Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Darbydale		State OH		Zip Code 43123		M 09		D 11	
						Y 18		Amount \$500.-	

* 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 \$ _____