

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 Thomas or Julie Willison						Registration Number, if PAC			
Street Address 2417 Ziver Circle N			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City			State OH	Zip Code 43123		M 1		D 0	
						Y 09		Amount 47.-	
Full Name of Contributor Linda Kuhn						Registration Number, if PAC			
Street Address 460 Trillium Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Galloway			State OH	Zip Code 43119		M 1		D 0	
						Y 09		Amount 47.-	
Full Name of Contributor Beverlee Powers						Registration Number, if PAC			
Street Address 116 Sheffield Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH	Zip Code 43214		M 1		D 0	
						Y 09		Amount 47.-	
Full Name of Contributor Amy Stucke						Registration Number, if PAC			
Street Address 5610 Lock More Ct. W.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Dublin			State OH	Zip Code 43017		M 1		D 0	
						Y 09		Amount 25.-	
Full Name of Contributor Mice Weng						Registration Number, if PAC			
Street Address 6001 Lake Front Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Hilliard			State OH	Zip Code 43026		M 1		D 0	
						Y 09		Amount 20.-	
Full Name of Contributor D.C. + J.W. Greenwalt						Registration Number, if PAC			
Street Address 6404 Stretton Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Caval Winchester			State OH	Zip Code 43110		M 1		D 0	
						Y 09		Amount 147.-	
Full Name of Contributor Hayes Intermediate PTA						Registration Number, if PAC			
Street Address 4436 Haughn Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City			State OH	Zip Code 43123		M 1		D 0	
						Y 09		Amount 200.-	
Full Name of Contributor Lois J. Rapp						Registration Number, if PAC			
Street Address 1317 Northfield Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Springfield			State OH	Zip Code 45502		M 1		D 0	
						Y 09		Amount 47.-	

* 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)]