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Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full										
Citizens For Southwestern "City Schools Registration Number, IPAC										
Full Name of Contributor	110000		Registrat	ion Nur	ber, if PA	C.				
Full Name of Contributor Southwestern Council of Street Address 1231 Pinnacle Drive City	PTAS									
Street Address	Employer/Occupati	ion/Labor Organization*	- Accompany			Form (Cash, Check, etc.)				
1231 Pinnacle Drive						Check Amount 90,—				
City	State	Zip Code	M	P	M	Amount				
Columbus (Full Name of Contributor	OH	43204	112	17	09	90				
Pagistration Number & PAC										
Moosters Restaurant Sureci Address 4650 W. Broad St. City				in the contract of the contrac						
Street Address	Employer/Occupati				Form (Cash, Check, etc.)					
4650 W. Broad St.					Check					
City	State	Zip Code	М	D	M	Check Amount 74 110. TH				
Columbus Full Name of Contributor	OH	43928	12	1 - 1 - 6						
Full Name of Contributor Registration Number, if PAC										
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Street Address	Employer/Occupati	ion/Labor Organization				Form (Cash, Chook, etc.)				
City	0.5	71 0.4		1 2	1					
Ciy	Stake OH	Zip Code	M	D	୩	Amount				
Full Name of Contributor			Panistra	lion Nive	ber, if PA	Į				
Tan Hanz of Collaboration			Keguus	non ivan	ioer, ii ra					
Street Address	Employer/Occupat	ion/Labor Organization*	·			Form (Cash, Check, etc.)				
		organization				, , , , , , , , , , , , , , , , , , , ,				
City	State	Zip Code	М	D	TY	Amount				
	OH									
Full Name of Contributor	Anti-construction in the construction of the c		Registra	tion Nun	iber, if Pa	C C				
Street Address	Employer/Occupation/Labor Organization			***************************************		Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	M	Amount				
	OH _.									
Full Name of Contributor			Registra	tion Nun	ber, if Pa	ÅC .				
Street Address	Employer/Occupat	ion/Labor Organization*	·		***************************************	Form (Cash, Check, etc.)				
6.	,			,	•					
City	Stake OH	Zip Code	M	P	M	Amount				
Full Name of Contributor										
r du Name of Contributor			Registra	tion Nun	iber, if Pa	4C				
Street Address	Tr 1 /0		L			Birman manager de la company de la compa				
	Employer/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)				
Ciry	State	Zip Code	M	D	IМ	Amount				
,	ОН	1 2000	'``	1		Amount				
Full Name of Contributor Registration Number, if PAC										
			1		, ** **	· -				
Street Address	Employer/Occurat	ion/Labor Organization	L	ana a sa	ACCOUNTY OF THE PARTY OF	Form (Cash, Check, etc.)				
	,,	gammaduu				(
City	State	Zip Code	M	D	M	Amount				
	OH									
	Account to the second		1 1	1 1	1	1 1				

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

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