

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full Citizens For Southwestern City Schools									
Full Name of Contributor Michael + Jill-Billman Aoyer					Registration Number, IF PAC				
Street Address 5695 Morningstar Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Galloway	State OH	Zip Code 43119	M 06	D 19	Y 09	Amount \$ 150.-			
Full Name of Contributor Jason Chad Dotson					Registration Number, IF PAC				
Street Address 3323 Pebble Beach Rd. West			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 06	D 05	Y 09	Amount \$ 100.-			
Full Name of Contributor Hardy Orthodontics, INC.					Registration Number, IF PAC				
Street Address 4199 Gantz Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 06	D 30	Y 09	Amount \$ 100.-			
Full Name of Contributor Don Casey, INC.					Registration Number, IF PAC				
Street Address 2014 Longwood Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 07	D 02	Y 09	Amount \$ 200.-			
Full Name of Contributor Linda + Nelson Kopp					Registration Number, IF PAC				
Street Address 724 Francis Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Bexley	State OH	Zip Code 43209	M 07	D 03	Y 09	Amount \$ 20.-			
Full Name of Contributor Susan or Timothy P. Ruffley					Registration Number, IF PAC				
Street Address 3553 Pin Oak Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 07	D 08	Y 09	Amount \$ 50.-			
Full Name of Contributor John + Linda Bokros					Registration Number, IF PAC				
Street Address 642 Berkeley Pl. N			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Westerville	State OH	Zip Code 43081	M 07	D 09	Y 09	Amount 100.-			
Full Name of Contributor Michael + Kimberly Scott					Registration Number, IF PAC				
Street Address 4101 Brookgrove Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 07	D 09	Y 09	Amount 100.-			

* 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