

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 Mark & Jayne Mayers				Registration Number, if PAC			
Street Address 2787 Annabelle Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 10	D 14	Y 09	Amount 50.-	
Full Name of Contributor Karolyn King				Registration Number, if PAC			
Street Address 6011 Grant Run Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 10	D 05	Y 09	Amount 50.-	
Full Name of Contributor L.M. Saxton				Registration Number, if PAC			
Street Address 2339 Milligan Grove		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 09	D 29	Y 09	Amount 150.-	
Full Name of Contributor Linda A. Wonderley				Registration Number, if PAC			
Street Address 597 Simbury St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43228	M 10	D 14	Y 09	Amount 47.-	
Full Name of Contributor Leah D. Walter				Registration Number, if PAC			
Street Address 437 Piedmont Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43214	M 10	D 14	Y 09	Amount 20.-	
Full Name of Contributor Skate America Fun Center				Registration Number, if PAC			
Street Address 4357 Broadway		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 10	D 15	Y 09	Amount 300.-	
Full Name of Contributor Beth A. Katterhenrich				Registration Number, if PAC			
Street Address 3191 Farmbrook Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Grove City	State OH	Zip Code 43123	M 10	D 13	Y 09	Amount 50.-	
Full Name of Contributor Earl or Marjorie Focht				Registration Number, if PAC			
Street Address 62 N Roosevelt Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Bexley	State OH	Zip Code 43209	M 10	D 11	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)]