

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 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 04	D 17	Y 09	Amount 5.-	
Full Name of Contributor Brenna & Paul Smathers						Registration Number, if PAC	
Street Address 6247 Marshall Bay Cr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 04	D 20	Y 09	Amount \$325.-	
Full Name of Contributor Jane Ferry						Registration Number, if PAC	
Street Address 934 Medinah Terrace			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 04	D 14	Y 09	Amount \$75.-	
Full Name of Contributor Tammy Bills						Registration Number, if PAC	
Street Address 1142 Onslow Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43204	M 03	D 31	Y 09	Amount \$5.-	
Full Name of Contributor Eric Diaz						Registration Number, if PAC	
Street Address 1882 St. Lawrence Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43223	M 04	D 15	Y 09	Amount \$15.-	
Full Name of Contributor Dolla M. Beach III						Registration Number, if PAC	
Street Address 4148 Rowanne Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 04	D 25	Y 09	Amount \$50.-	
Full Name of Contributor Charles Ellis & Pamela Moore						Registration Number, if PAC	
Street Address 1160 River Trail Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 04	D 16	Y 09	Amount \$10.-	
Full Name of Contributor Richard & Shelah Stage						Registration Number, if PAC	
Street Address 2733 Woodgrove Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 04	D 21	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(1)(4)]

Page Total \$0.00

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