

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 Ryan & Gretchen Walker					Registration Number, if PAC		
Street Address 5216 Southminster Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 0	Amount 47.-	
Full Name of Contributor Drenda J. Kemp					Registration Number, if PAC		
Street Address 707 S. Sylvan Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43204	M 1	D 0	Y 0	Amount 47.-	
Full Name of Contributor Jim & Kim Allmon					Registration Number, if PAC		
Street Address 2870 Wynridge Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 0	Amount 47.-	
Full Name of Contributor Grove City Football Mothers/Supporters Club					Registration Number, if PAC		
Street Address PO Box 575		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 0	Amount 1000.-	
Full Name of Contributor Richard McFern and Colleen Cunningham					Registration Number, if PAC		
Street Address 3513 Lake Louise Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 0	Amount 100.-	
Full Name of Contributor Judith Decarlo					Registration Number, if PAC		
Street Address 3477 Woodlawn Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 0	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 1	D 0	Y 0	Amount 100.-	
Full Name of Contributor Stefani & Gary Kesig					Registration Number, if PAC		
Street Address 2915 Crabapple Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 0	Amount 50.-	

* 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)]