

Statement of Contributions Received

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Prescribed by Secretary of State 03/03

Name of Contributor is Full									
Citizens For Southwestern City Schools									
Full Name of Contributor									
Bill & Timothy Burke									
Registration Number, if PAC									
Street Address									
4643 Burnwood ST									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
Check									
City									
Grove City									
State									
OH									
Zip Code									
43123									
M D Y									
1 0 2 6 1 2									
Amount									
70. -									
Full Name of Contributor									
Holly & Jeremy Gilbert									
Registration Number, if PAC									
Street Address									
4719 Longridge Ct									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
Check									
City									
Grove City									
State									
OH									
Zip Code									
43123									
M D Y									
1 0 2 4 1 2									
Amount									
35. -									
Full Name of Contributor									
Thomas & Sherry Minton									
Registration Number, if PAC									
Street Address									
1619 Tuscarora Dr									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
Check									
City									
Grove City									
State									
OH									
Zip Code									
43123									
M D Y									
1 0 2 5 1 2									
Amount									
35. -									
Full Name of Contributor									
Karen Dover - Baker									
Registration Number, if PAC									
Street Address									
5354 Thornhill Ct									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
Check									
City									
Grove City									
State									
OH									
Zip Code									
43123									
M D Y									
1 1 0 2 1 2									
Amount									
80. -									
Full Name of Contributor									
Troy Walton & Melissa Brown Walton									
Registration Number, if PAC									
Street Address									
40 W Davedin Rd									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
Check									
City									
Columbus									
State									
OH									
Zip Code									
43214									
M D Y									
1 2 0 2 1 2									
Amount									
70. -									
Full Name of Contributor									
Gary Leasure									
Registration Number, if PAC									
Street Address									
4780 Saint Andrews Dr									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
Check									
City									
Grove City									
State									
OH									
Zip Code									
43123									
M D Y									
1 1 0 1 1 2									
Amount									
70. -									
Full Name of Contributor									
Janice Smith									
Registration Number, if PAC									
Street Address									
7197 Calhoun Rd									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
Check									
City									
Ostrander									
State									
OH									
Zip Code									
43061									
M D Y									
1 0 1 8 1 2									
Amount									
70. -									
Full Name of Contributor									
Lori Balough									
Registration Number, if PAC									
Street Address									
4601 Nickerson Rd									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
Check									
City									
Columbus									
State									
OH									
Zip Code									
43228									
M D Y									
1 1 0 2 1 2									
Amount									
45. -									

* 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 employers 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, (Q)(4))

Page Total \$0.00