

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 Christopher & Jennifer McCord							Registration Number, if PAC						
Street Address 6202 Seneca Ct				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 03		D 26		Y 09		Amount \$ 15.-	
Full Name of Contributor Katherine & Daniel Turner							Registration Number, if PAC						
Street Address 567 Virginia St				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Ashville		State OH		Zip Code 43103		M 03		D 30		Y 09		Amount \$ 5.-	
Full Name of Contributor Trina Leffel							Registration Number, if PAC						
Street Address 1013 Lambeth Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43220		M 03		D 30		Y 09		Amount \$ 5.-	
Full Name of Contributor Rebecca & Bennett Needham							Registration Number, if PAC						
Street Address 5256 Osprey Ct				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Orient		State OH		Zip Code 43146		M 03		D 31		Y 06		Amount \$ 5.-	
Full Name of Contributor South-Western Education Association							Registration Number, if PAC						
Street Address 4074 Hoover Rd Suite 201				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) IN-KIND						
City Grove City		State OH		Zip Code 43123		M 04		D 22		Y 09		Amount 1500.-	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M		D		Y		Amount	

* 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)]