

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 Sandra & Michael Nekoloff						Registration Number, if PAC			
Street Address 2937 Crabapple Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City			State OH	Zip Code 43123		M 0	D 3	Y 18	Amount \$35.00
Full Name of Contributor Michael & Jill Royer						Registration Number, if PAC			
Street Address 5695 Morningstar Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Galloway			State OH	Zip Code 43119		M 0	D 3	Y 19	Amount \$15.00
Full Name of Contributor Michael & Melinda Garverick						Registration Number, if PAC			
Street Address 1135 White Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City			State OH	Zip Code 43123		M 0	D 3	Y 19	Amount \$20.00
Full Name of Contributor Norton Middle School PTSA						Registration Number, if PAC			
Street Address 215 Norton Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH	Zip Code 43228		M 0	D 3	Y 17	Amount \$50.00
Full Name of Contributor Jackson Middle School PTSA						Registration Number, if PAC			
Street Address 2271 Holton Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Grove City			State OH	Zip Code 43123		M 0	D 3	Y 17	Amount \$50.00
Full Name of Contributor Finland Middle School PTA						Registration Number, if PAC			
Street Address 1825 Finland Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH	Zip Code 43223		M 0	D 3	Y 16	Amount \$300.00
Full Name of Contributor Jessica N. Hampson						Registration Number, if PAC			
Street Address 912 Sheridan Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH	Zip Code 43209		M 0	D 3	Y 12	Amount \$5.00
Full Name of Contributor North Franklin Elementary PTA						Registration Number, if PAC			
Street Address 1122 North Hague Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus			State OH	Zip Code 43204		M 0	D 3	Y 11	Amount \$300.00

* 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)]

Page Total **\$0.00**

775.00