

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 Schottenstein Zax & Dunn						Registration Number, if PAC 0H1310			
Street Address 250 West St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43215		M D Y 1 0 1 3 0 9		Amount 1000.-
Full Name of Contributor Larry or Lynne Brungarth						Registration Number, if PAC			
Street Address 12791 London Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Oriente			State OH		Zip Code 43146		M D Y 1 0 1 0 0 9		Amount 100.-
Full Name of Contributor Jessica Schlomer						Registration Number, if PAC			
Street Address 2669 Racher Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell			State OH		Zip Code 43065		M D Y 1 0 1 2 0 9		Amount 47.-
Full Name of Contributor Carol A Caudle						Registration Number, if PAC			
Street Address 594 Dawling St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Ashville			State OH		Zip Code 43103		M D Y 1 0 1 2 0 9		Amount 50.-
Full Name of Contributor Laura A. Myself						Registration Number, if PAC			
Street Address 2885 W Jeff-Kionsville Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City West Jefferson			State OH		Zip Code 43162		M D Y 1 0 1 2 0 9		Amount 25.-
Full Name of Contributor William Leibensperger						Registration Number, if PAC			
Street Address 2535 Brixton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington			State OH		Zip Code 43221		M D Y 1 0 1 2 0 9		Amount 100.-
Full Name of Contributor Jennifer Doan						Registration Number, if PAC			
Street Address 2192 Dunkeld Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City			State OH		Zip Code 43123		M D Y 1 0 1 2 0 9		Amount 47.-
Full Name of Contributor Janice Workman						Registration Number, if PAC			
Street Address 2100 Shirlene Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City			State OH		Zip Code 43123		M D Y 1 0 1 0 0 9		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(B)(4)]

Page Total \$0.00