

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS For Southwestern City Schools									
Full Name of Contributor Mark & Kimberly Ogilbee						Registration Number, if PAC			
Street Address 1382 Gabon Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Galloway		State OH		Zip Code 43119		M 0		D 6	
						Y 09		Amount 50.-	
Full Name of Contributor Francis & Deloris Shipley						Registration Number, if PAC			
Street Address No address given			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City		State OH		Zip Code		M 0		D 5	
						Y 21		Amount 50.-	
Full Name of Contributor Grove City H.S. Band Boosters						Registration Number, if PAC			
Street Address PO Box 403			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 0		D 6	
						Y 16		Amount 1000.-	
Full Name of Contributor Karen or Daniel New						Registration Number, if PAC			
Street Address 6166 Winnebago St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 0		D 6	
						Y 07		Amount 100.-	
Full Name of Contributor Mark & Janie Mayers						Registration Number, if PAC			
Street Address 2787 Annabelle Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 0		D 6	
						Y 18		Amount 1000.-	
Full Name of Contributor Deanna & Gregory Belmonte						Registration Number, if PAC			
Street Address 5429 Bluebell Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 0		D 6	
						Y 01		Amount 50.-	
Full Name of Contributor Donna & Gary Noltemeyer						Registration Number, if PAC			
Street Address 2528 Dolores Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 0		D 6	
						Y 01		Amount 20.-	
Full Name of Contributor Ralene Deweese & James Vawter						Registration Number, if PAC			
Street Address 2570 Glendale Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 0		D 6	
						Y 01		Amount 20.-	

* 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)]

2290.-

Page Total \$0.00