

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 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 10		D 2009	
						Y 60.-		Amount	
Full Name of Contributor Larry Waller						Registration Number, if PAC			
Street Address 941 Chatham Ln Ste 212			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 10		D 2709	
						Y 200.-		Amount	
Full Name of Contributor James & Jennifer DeFrancesco						Registration Number, if PAC			
Street Address 642 Streamwater Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick		State OH		Zip Code 43004		M 10		D 1709	
						Y 47.-		Amount	
Full Name of Contributor Michael T. Crabtree						Registration Number, if PAC			
Street Address 5911 Rings Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 10		D 2009	
						Y 47.-		Amount	
Full Name of Contributor Bruce or Carol Searles						Registration Number, if PAC			
Street Address 3552 Devin Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 10		D 2409	
						Y 47.-		Amount	
Full Name of Contributor Paul & Jane Denton						Registration Number, if PAC			
Street Address 6141 Lambert Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Orient		State OH		Zip Code 43146		M 10		D 2709	
						Y 20.-		Amount	
Full Name of Contributor David or Brenda Hellard						Registration Number, if PAC			
Street Address 3151 Orders Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 10		D 2609	
						Y 47.-		Amount	
Full Name of Contributor James & Cynthia Grube						Registration Number, if PAC			
Street Address 13905 Whispering Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington		State OH		Zip Code 43147		M 10		D 2609	
						Y 50.-		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(B)(4)]