

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 Grove City High School 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 4		Y 09		Amount \$250.46	
Full Name of Contributor W.A. Leist Trustee							Registration Number, if PAC						
Street Address 1575 John Knox Dr Apt A205				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Colfax		State NC		Zip Code 27235		M 0		D 4		Y 09		Amount \$50.-	
Full Name of Contributor Gregory Jackson & Rebecca Phipps							Registration Number, if PAC						
Street Address 2042 Twin Flower Cir				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 0		D 3		Y 09		Amount \$100.-	
Full Name of Contributor Jeffrey & Mary Ellen Remick							Registration Number, if PAC						
Street Address 3576 Natalie Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 0		D 3		Y 09		Amount \$5.-	
Full Name of Contributor Elizabeth Diane Gottshall							Registration Number, if PAC						
Street Address 4224 Sequoia Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 0		D 3		Y 09		Amount \$10.-	
Full Name of Contributor Julie Darby							Registration Number, if PAC						
Street Address 740 S Richardson Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43204		M 0		D 3		Y 09		Amount \$5.-	
Full Name of Contributor Meglin Ann Cress							Registration Number, if PAC						
Street Address 3326 Bluhm Ct				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43223		M 0		D 3		Y 09		Amount \$10.-	
Full Name of Contributor J.C. Somner PTA							Registration Number, if PAC						
Street Address 3055 Kingston Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Grove City		State OH		Zip Code 43123		M 0		D 4		Y 09		Amount \$200.-	

* 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

\$ 630.46