

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 Melissa & Charles Smith						Registration Number, if PAC			
Street Address 8070 Ohio State Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Lancaster		State OH	Zip Code 43130		M 0	D 7	Y 09	Amount 25.-	
Full Name of Contributor Thomas & Sherry Minton						Registration Number, if PAC			
Street Address 1619 Tuscarora Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH	Zip Code 43123		M 0	D 7	Y 09	Amount 50.-	
Full Name of Contributor Kevin Langen						Registration Number, if PAC			
Street Address 5020 Dublin Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43017		M 0	D 7	Y 09	Amount 50.-	
Full Name of Contributor Dispatch Printing Co.						Registration Number, if PAC			
Street Address 34 South Third St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 8	Y 09	Amount 530.96	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	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)]

Page Total \$0.00

655.96