1 1 m

Statement of Contributions Received

Page 13

Prescribed by Secretary of State 03/05

Name of Committee in Full						
CitizENS For Southwestern City Schools						
Full Name of Contributor			Registrat	ion Num	ber, if PA	C
Melissa + Charles Smith						
	Employer/Occupati	ion/Labor Organization*				Form (Cash, Check, etc.)
8070 Ohio State Lave						CLeck
1 C + 1 ,	Stake OH	Zip Code	M	D	Y	Amount
Laucaster		43130	07	27	09	25
Full Name of Contributor Registration Number, if PAC						
Thomas & Sherry Mint	[0 N	ion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
	Employer/Occupat	The state of the s				
1619 Tuscarora Pr	State	Zip Code	M	D	М	Creck Amount
Grove City	OH	43123	07	31	09	B B
Full Name of Contributor				tion Num		
Kevin Langen Street Address Employer/Occupation/Labor Organization* From (Cash, Check, etc.)						
Street Address	Employer/Occupat	ion/Labor Organization°				Form (Cash, Check, etc.)
5020 Dublin Rd						Cuck
City	State	Zip Code	М	D	Y	Amount
Oublin	OH	43017	07	24	09	50
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Dispatch Printing Co. Street Address	Tr. 1. 10			oli programa de la compansión de la comp	sanonanos happias	(C (C)
34 G 7 7 7) ST	Employer/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.) CLeCK
City City	State	Zip Code	M	l N	IМ	Amount
34 South Third ST City Columbus	ОН	43215	08	18	09	530.96
Full Name of Contributor				tion Num		C C
Street Address	Employer/Occupat				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	M	Amount
	OH				***************************************	
Name of Contributor			Registration Number, if PAC			
Street Address	Tn 1 (6					
33.00.73.33.3	Employer/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	М	Amount
	OH	'				
Full Name of Contributor			Registra	tion Nur	ber, if Pa	AC .
Street Address	Employer/Occupat	ion/Labor Organization*	-themassure-con-			Form (Cash, Check, etc.)
City	State	Zip Code	М	, D	Y	Amount
	OH					
Full Name of Contributor Registration Number, if PAC						
Street Address	Flava-/O	· .	<u> </u>			Form (Cash Charles
,	Employer/Occupat				Form (Cash, Check, etc.)	
City	State	Zip Code	M	П	ГV	Amount
	OH			7		and the state of t

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