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## **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			Registrat	on Numb	er, if PA	.c	
Beverly Peters and S	ally Cr	easap					
Street Address	Employer/Occupa	tion/Labor Organization	<u>k</u>			Form (Cash, Check, etc.)	
Street Address  7000 Gay Rd  City  Grove City  Full Name of Contributor		•				CLACK Amount 4 25,50 -	
City	State	Zip Code	M	D	M	Amount	
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Full Name of Contributor				Registration Number, if PAC			
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Street Address	Employer/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)	
e <u>u</u> ,							
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Full Name of Contributor			Registrat	ion Num	ocr, if P/	\C	
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Full Name of Contributor			Registra	ion Num	per, if P	<b>A</b> Č	
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* *	OH						
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	OH						
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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