

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full													
Citizens For Southwestern City Schools													
Full Name of Contributor					Registration Number, if PAC								
Ulrey Foods Inc													
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)							
3967-F Presidential Pkwy						Check							
City		State		Zip Code		M		D		Y		Amount	
Powell		OH		43065		0		2		1		550.-	
Full Name of Contributor					Registration Number, if PAC								
Andrea & Timothy Barton													
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)							
6276 Bellow Valley Dr						Check							
City		State		Zip Code		M		D		Y		Amount	
Dublin		OH		43016		1		2		2		25.-	
Full Name of Contributor					Registration Number, if PAC								
Brian Hamler													
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)							
203 Brookhill Drive						Check							
City		State		Zip Code		M		D		Y		Amount	
Gahanna		OH		43230		1		2		20		35.-	
Full Name of Contributor					Registration Number, if PAC								
Kevin & Diana Scott													
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)							
8375 Jefferson Rd. NW						Check							
City		State		Zip Code		M		D		Y		Amount	
Carroll		OH		43112		1		2		21		50.-	
Full Name of Contributor					Registration Number, if PAC								
Jennifer Vonins													
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)							
800 Long St Apt 205						Check							
City		State		Zip Code		M		D		Y		Amount	
Asheville		OH		43103		0		2		21		50.-	
Full Name of Contributor					Registration Number, if PAC								
James Johnson													
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)							
5257 Goldfield Dr						Check							
City		State		Zip Code		M		D		Y		Amount	
Hilliard		OH		43026		0		2		20		75.-	
Full Name of Contributor					Registration Number, if PAC								
Erin Johnson & James Marion													
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)							
1206 Highland St						Check							
City		State		Zip Code		M		D		Y		Amount	
Columbus		OH		43201		0		2		20		75.-	
Full Name of Contributor					Registration Number, if PAC								
Bryan & Mary Mulvaney													
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)							
4739 Hunting Creek Dr.						Check							
City		State		Zip Code		M		D		Y		Amount	
Grove City		OH		43123		1		2		24		100.-	

* 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. 3517.0(B)(4))

Page Total \$0.00