

## 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               |  |       |  |                                         |  |    | Registration Number, if PAC |    |  |    |  |        |  |
| Juan Rios + Suzanne Smith Rios         |  |       |  |                                         |  |    |                             |    |  |    |  |        |  |
| Street Address                         |  |       |  | Employer/Occupation/Labor Organization* |  |    | Form (Cash, Check, etc.)    |    |  |    |  |        |  |
| 4792 Stiles Ave                        |  |       |  |                                         |  |    | Check                       |    |  |    |  |        |  |
| City                                   |  | State |  | Zip Code                                |  | M  |                             | D  |  | Y  |  | Amount |  |
| Columbus                               |  | OH    |  | 43228                                   |  | 07 |                             | 27 |  | 10 |  | 70.-   |  |
| Full Name of Contributor               |  |       |  |                                         |  |    | Registration Number, if PAC |    |  |    |  |        |  |
| Michael + Jill Billman - Rorer         |  |       |  |                                         |  |    |                             |    |  |    |  |        |  |
| Street Address                         |  |       |  | Employer/Occupation/Labor Organization* |  |    | Form (Cash, Check, etc.)    |    |  |    |  |        |  |
| 5695 Morningstar Dr                    |  |       |  |                                         |  |    | Check                       |    |  |    |  |        |  |
| City                                   |  | State |  | Zip Code                                |  | M  |                             | D  |  | Y  |  | Amount |  |
| Galloway                               |  | OH    |  | 43119                                   |  | 07 |                             | 21 |  | 10 |  | 70.-   |  |
| Full Name of Contributor               |  |       |  |                                         |  |    | Registration Number, if PAC |    |  |    |  |        |  |
| Richard Redfern + Colleen Cunningham   |  |       |  |                                         |  |    |                             |    |  |    |  |        |  |
| Street Address                         |  |       |  | Employer/Occupation/Labor Organization* |  |    | Form (Cash, Check, etc.)    |    |  |    |  |        |  |
| 3513 Lake Louise Dr                    |  |       |  |                                         |  |    | Check                       |    |  |    |  |        |  |
| City                                   |  | State |  | Zip Code                                |  | M  |                             | D  |  | Y  |  | Amount |  |
| Grove City                             |  | OH    |  | 43123                                   |  | 07 |                             | 11 |  | 10 |  | 70.-   |  |
| Full Name of Contributor               |  |       |  |                                         |  |    | Registration Number, if PAC |    |  |    |  |        |  |
| Mark + Jayne Mayers                    |  |       |  |                                         |  |    |                             |    |  |    |  |        |  |
| Street Address                         |  |       |  | Employer/Occupation/Labor Organization* |  |    | Form (Cash, Check, etc.)    |    |  |    |  |        |  |
| 2787 Annabelle Ct                      |  |       |  |                                         |  |    | Check                       |    |  |    |  |        |  |
| City                                   |  | State |  | Zip Code                                |  | M  |                             | D  |  | Y  |  | Amount |  |
| Grove City                             |  | OH    |  | 43123                                   |  | 07 |                             | 07 |  | 10 |  | 70.-   |  |
| Full Name of Contributor               |  |       |  |                                         |  |    | Registration Number, if PAC |    |  |    |  |        |  |
| Amy + Paul Dawson                      |  |       |  |                                         |  |    |                             |    |  |    |  |        |  |
| Street Address                         |  |       |  | Employer/Occupation/Labor Organization* |  |    | Form (Cash, Check, etc.)    |    |  |    |  |        |  |
| 6084 Winnebago St                      |  |       |  |                                         |  |    | Check                       |    |  |    |  |        |  |
| City                                   |  | State |  | Zip Code                                |  | M  |                             | D  |  | Y  |  | Amount |  |
| Grove City                             |  | OH    |  | 43123                                   |  | 07 |                             | 08 |  | 10 |  | 70.-   |  |
| Full Name of Contributor               |  |       |  |                                         |  |    | Registration Number, if PAC |    |  |    |  |        |  |
| John + Linda Bokros                    |  |       |  |                                         |  |    |                             |    |  |    |  |        |  |
| Street Address                         |  |       |  | Employer/Occupation/Labor Organization* |  |    | Form (Cash, Check, etc.)    |    |  |    |  |        |  |
| 642 Berkeley Pl. N.                    |  |       |  |                                         |  |    | check                       |    |  |    |  |        |  |
| City                                   |  | State |  | Zip Code                                |  | M  |                             | D  |  | Y  |  | Amount |  |
| Westerville                            |  | OH    |  | 43081                                   |  | 07 |                             | 21 |  | 10 |  | 100.-  |  |
| Full Name of Contributor               |  |       |  |                                         |  |    | Registration Number, if PAC |    |  |    |  |        |  |
| John + Janet Shailer                   |  |       |  |                                         |  |    |                             |    |  |    |  |        |  |
| Street Address                         |  |       |  | Employer/Occupation/Labor Organization* |  |    | Form (Cash, Check, etc.)    |    |  |    |  |        |  |
| 6269 Rising Sun Dr                     |  |       |  |                                         |  |    | check                       |    |  |    |  |        |  |
| City                                   |  | State |  | Zip Code                                |  | M  |                             | D  |  | Y  |  | Amount |  |
| Grove City                             |  | OH    |  | 43123                                   |  | 07 |                             | 21 |  | 10 |  | 175.-  |  |
| Full Name of Contributor               |  |       |  |                                         |  |    | Registration Number, if PAC |    |  |    |  |        |  |
| Diane Markins                          |  |       |  |                                         |  |    |                             |    |  |    |  |        |  |
| Street Address                         |  |       |  | Employer/Occupation/Labor Organization* |  |    | Form (Cash, Check, etc.)    |    |  |    |  |        |  |
| 85 Freeway Dr SW                       |  |       |  |                                         |  |    | Cash                        |    |  |    |  |        |  |
| City                                   |  | State |  | Zip Code                                |  | M  |                             | D  |  | Y  |  | Amount |  |
| Reynoldsburg                           |  | OH    |  | 43068                                   |  | 07 |                             | 21 |  | 10 |  | 70.-   |  |

\* 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))

695

Page Total \$0.00