

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Fi <u>Citizens For Southwestern City Schools</u>									
Full Name of Contributor <u>Harrisburg PTA</u>						Registration Number, if PAC			
Street Address <u>1082 School St</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Check</u>		
City <u>Harrisburg</u>	State <u>OH</u>	Zip Code <u>43126</u>	M <u>11</u>	D <u>02</u>	Y <u>08</u>	Amount <u>100-</u>			
Full Name of Contributor <u>SHP Leading Design</u>						Registration Number, if PAC			
Street Address <u>4805 Montgomery Rd Ste 400</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Check</u>		
City <u>Cincinnati</u>	State <u>OH</u>	Zip Code <u>45212</u>	M <u>11</u>	D <u>02</u>	Y <u>08</u>	Amount <u>1000-</u>			
Full Name of Contributor <u>Diane + Mark Mankins</u>						Registration Number, if PAC			
Street Address <u>85 Freeway Dr SW</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Check</u>		
City <u>Reynoldsburg</u>	State <u>OH</u>	Zip Code <u>43068</u>	M <u>11</u>	D <u>10</u>	Y <u>08</u>	Amount <u>200-</u>			
Full Name of Contributor <u>Hubert Watson + Carla Smith - Watson</u>						Registration Number, if PAC			
Street Address <u>6108 Hedge Ave</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Check</u>		
City <u>Cincinnati</u>	State <u>OH</u>	Zip Code <u>45213</u>	M <u>11</u>	D <u>03</u>	Y <u>08</u>	Amount <u>200-</u>			
Full Name of Contributor <u>BrookPark Middle School PTA</u>						Registration Number, if PAC			
Street Address <u>2803 Southwest Blvd</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Check</u>		
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>	M <u>11</u>	D <u>03</u>	Y <u>08</u>	Amount <u>100-</u>			
Full Name of Contributor <u>OHIO Health</u>						Registration Number, if PAC			
Street Address <u>PO Box 9</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Check</u>		
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43216</u>	M <u>11</u>	D <u>03</u>	Y <u>08</u>	Amount <u>500-</u>			
Full Name of Contributor <u>OHIO Association of Public School Employees</u>						Registration Number, if PAC			
Street Address <u>6805 Oak Creek Dr</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>In-kind</u>		
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43229</u>	M <u>11</u>	D <u>04</u>	Y <u>08</u>	Amount <u>1930.24</u>			
Full Name of Contributor <u>MOLINO Insurance Agency</u>						Registration Number, if PAC			
Street Address <u>4200 Hoover Rd Ste A</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>In-kind</u>		
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>	M <u>11</u>	D <u>10</u>	Y <u>08</u>	Amount <u>1817-</u>			

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 0.00

Checks + In-kind ⇒ Total 5847.24