

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                                     |  |                    |  |                                         |  |                |                                          |                |  |                |  |                       |  |
|-------------------------------------------------------------------------------------|--|--------------------|--|-----------------------------------------|--|----------------|------------------------------------------|----------------|--|----------------|--|-----------------------|--|
| Name of Committee in Full<br><b>Citizens For Southwestern City Schools</b>          |  |                    |  |                                         |  |                |                                          |                |  |                |  |                       |  |
| Full Name of Contributor<br><b>Andrea &amp; Timothy Barton</b>                      |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                       |  |
| Street Address<br><b>6276 Bellow Valley Dr</b>                                      |  |                    |  | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Check</b> |                |  |                |  |                       |  |
| City<br><b>Dublin</b>                                                               |  | State<br><b>OH</b> |  | Zip Code<br><b>43016</b>                |  | M<br><b>06</b> |                                          | D<br><b>09</b> |  | Y<br><b>09</b> |  | Amount<br><b>50.-</b> |  |
| Full Name of Contributor<br><b>Susan Clay-McLaughlin &amp; Jerry McLaughlin Jr.</b> |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                       |  |
| Street Address<br><b>5278 Dietrich Ave</b>                                          |  |                    |  | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Check</b> |                |  |                |  |                       |  |
| City<br><b>Orient</b>                                                               |  | State<br><b>OH</b> |  | Zip Code<br><b>43146</b>                |  | M<br><b>06</b> |                                          | D<br><b>10</b> |  | Y<br><b>09</b> |  | Amount<br><b>50.-</b> |  |
| Full Name of Contributor<br><b>Jeffrey &amp; Amy O'neal</b>                         |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                       |  |
| Street Address<br><b>1330 Wild Horse Dr</b>                                         |  |                    |  | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Check</b> |                |  |                |  |                       |  |
| City<br><b>Grove City</b>                                                           |  | State<br><b>OH</b> |  | Zip Code<br><b>43123</b>                |  | M<br><b>06</b> |                                          | D<br><b>05</b> |  | Y<br><b>09</b> |  | Amount<br><b>50.-</b> |  |
| Full Name of Contributor<br><b>Christine L. Smith</b>                               |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                       |  |
| Street Address<br><b>6960 O'Harra Road</b>                                          |  |                    |  | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Check</b> |                |  |                |  |                       |  |
| City<br><b>Galloway</b>                                                             |  | State<br><b>OH</b> |  | Zip Code<br><b>43119</b>                |  | M<br><b>06</b> |                                          | D<br><b>08</b> |  | Y<br><b>09</b> |  | Amount<br><b>50.-</b> |  |
| Full Name of Contributor<br><b>Robert F. Rains</b>                                  |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                       |  |
| Street Address<br><b>2803 SW Blvd</b>                                               |  |                    |  | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Check</b> |                |  |                |  |                       |  |
| City<br><b>Grove City</b>                                                           |  | State<br><b>OH</b> |  | Zip Code<br><b>43123</b>                |  | M<br><b>06</b> |                                          | D<br><b>01</b> |  | Y<br><b>09</b> |  | Amount<br><b>50.-</b> |  |
| Full Name of Contributor<br><b>James &amp; Teresa Johnson</b>                       |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                       |  |
| Street Address<br><b>7147 MW High Road</b>                                          |  |                    |  | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Check</b> |                |  |                |  |                       |  |
| City<br><b>Plain City</b>                                                           |  | State<br><b>OH</b> |  | Zip Code<br><b>43064</b>                |  | M<br><b>06</b> |                                          | D<br><b>05</b> |  | Y<br><b>09</b> |  | Amount<br><b>50.-</b> |  |
| Full Name of Contributor<br><b>Drenda J. Kemp</b>                                   |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                       |  |
| Street Address<br><b>707 S. Sylvan Ave</b>                                          |  |                    |  | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Check</b> |                |  |                |  |                       |  |
| City<br><b>Columbus</b>                                                             |  | State<br><b>OH</b> |  | Zip Code<br><b>43204</b>                |  | M<br><b>06</b> |                                          | D<br><b>09</b> |  | Y<br><b>09</b> |  | Amount<br><b>50.-</b> |  |
| Full Name of Contributor<br><b>Larry &amp; Deanna Lowers</b>                        |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                       |  |
| Street Address<br><b>14585 N Old 3C Rd</b>                                          |  |                    |  | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Check</b> |                |  |                |  |                       |  |
| City<br><b>Swbunbury</b>                                                            |  | State<br><b>OH</b> |  | Zip Code<br><b>43074</b>                |  | M<br><b>06</b> |                                          | D<br><b>10</b> |  | Y<br><b>09</b> |  | Amount<br><b>50.-</b> |  |

\* 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