

## 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>William &amp; Deborah Holliday</b>          |  |                    |                                         |  |                | Registration Number, if PAC              |                |                         |  |
| Street Address<br><b>4656 Hunting Creek 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>10</b> | D<br><b>11</b>                           | Y<br><b>09</b> | Amount<br><b>25.-</b>   |  |
| Full Name of Contributor<br><b>Camilla McComb</b>                          |  |                    |                                         |  |                | Registration Number, if PAC              |                |                         |  |
| Street Address<br><b>6276 Hilltop Trail Dr</b>                             |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Check</b> |                |                         |  |
| City<br><b>New Albany</b>                                                  |  | State<br><b>OH</b> | Zip Code<br><b>43054</b>                |  | M<br><b>10</b> | D<br><b>07</b>                           | Y<br><b>09</b> | Amount<br><b>20.-</b>   |  |
| Full Name of Contributor<br><b>Kevin &amp; Christie Laffin</b>             |  |                    |                                         |  |                | Registration Number, if PAC              |                |                         |  |
| Street Address<br><b>4447 Dawn 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>10</b> | D<br><b>19</b>                           | Y<br><b>09</b> | Amount<br><b>50.-</b>   |  |
| Full Name of Contributor<br><b>H. Alan or Janet Dahlstrom</b>              |  |                    |                                         |  |                | Registration Number, if PAC              |                |                         |  |
| Street Address<br><b>4138 Rudy Rd</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>43214</b>                |  | M<br><b>10</b> | D<br><b>15</b>                           | Y<br><b>09</b> | Amount<br><b>10.-</b>   |  |
| Full Name of Contributor<br><b>D Fisher &amp; M J Fisher</b>               |  |                    |                                         |  |                | Registration Number, if PAC              |                |                         |  |
| Street Address<br><b>1950 Carriage Rd</b>                                  |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Check</b> |                |                         |  |
| City<br><b>Powell</b>                                                      |  | State<br><b>OH</b> | Zip Code<br><b>43065</b>                |  | M<br><b>10</b> | D<br><b>13</b>                           | Y<br><b>09</b> | Amount<br><b>50.-</b>   |  |
| Full Name of Contributor<br><b>Jackie S. Traini</b>                        |  |                    |                                         |  |                | Registration Number, if PAC              |                |                         |  |
| Street Address<br><b>3182 Kingswood 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>10</b> | D<br><b>14</b>                           | Y<br><b>09</b> | Amount<br><b>47.-</b>   |  |
| Full Name of Contributor<br><b>Mark &amp; Holly Vanhoose</b>               |  |                    |                                         |  |                | Registration Number, if PAC              |                |                         |  |
| Street Address<br><b>6155 Nichols Lane</b>                                 |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Check</b> |                |                         |  |
| City<br><b>Johnstown</b>                                                   |  | State<br><b>OH</b> | Zip Code<br><b>43031</b>                |  | M<br><b>10</b> | D<br><b>14</b>                           | Y<br><b>09</b> | Amount<br><b>47.-</b>   |  |
| Full Name of Contributor<br><b>EMH &amp; T</b>                             |  |                    |                                         |  |                | Registration Number, if PAC              |                |                         |  |
| Street Address<br><b>5500 New Albany Rd</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>43054</b>                |  | M<br><b>10</b> | D<br><b>12</b>                           | Y<br><b>09</b> | Amount<br><b>2000.-</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)]