

Statement of Contributions Received

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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				
Michael + Theresa Turner											
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
5941 Sapphire Cr							Check				
City		State		Zip Code		M		D		Y	
Grove City		OH		43123		0		2		08/12	
										Amount	
										\$50.-	
Full Name of Contributor							Registration Number, if PAC				
J. Patrick Callaghan Jr.											
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
4634 Oracle Ln							Check				
City		State		Zip Code		M		D		Y	
Hilliard		OH		43026		0		2		08/12	
										Amount	
										\$50.-	
Full Name of Contributor							Registration Number, if PAC				
Amy + Paul Pawson											
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
6084 Winnebago St							Check				
City		State		Zip Code		M		D		Y	
Grove City		OH		43123		0		2		08/12	
										Amount	
										\$175.-	
Full Name of Contributor							Registration Number, if PAC				
Mark + Jeanette List											
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
4596 Bent Creek PL							Check				
City		State		Zip Code		M		D		Y	
Grove City		OH		43123		0		2		07/12	
										Amount	
										\$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	
Grove City		OH		43123		0		2		08/12	
										Amount	
										\$75.-	
Full Name of Contributor							Registration Number, if PAC				
Jill + Timothy Burke											
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
4643 Barnwood Dr							Check				
City		State		Zip Code		M		D		Y	
Grove City		OH		43123		0		2		08/12	
										Amount	
										\$100.-	
Full Name of Contributor							Registration Number, if PAC				
Benjamin + Judy Brace											
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
4090 Haughw Rd							Check				
City		State		Zip Code		M		D		Y	
Grove City		OH		43123		0		2		08/12	
										Amount	
										\$100.-	
Full Name of Contributor							Registration Number, if PAC				
Michael + Pearlene UHrin											
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
5580 Meadow Grove Dr							Check				
City		State		Zip Code		M		D		Y	
Grove City		OH		43123		0		2		08/12	
										Amount	
										\$225.-	

* 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