

Statement of Contributions Received

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Prescribed by Secretary of State 03/03

Name of Committee to Full Citizens For Southwestern City Schools							
Full Name of Contributor Carl Metzger						Registration Number, if PAC	
Street Address 4932 McNulty St			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 1	D 2	Y 11	Amount 35.-	
Full Name of Contributor Deborah & Thomas Reed						Registration Number, if PAC	
Street Address 6926 Forresthaven Loop			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	M 1	D 2	Y 11	Amount 50.-	
Full Name of Contributor J Patrick Callaghan						Registration Number, if PAC	
Street Address 4634 Oracle Ln			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 1	D 2	Y 11	Amount 100.-	
Full Name of Contributor Mary Cahill						Registration Number, if PAC	
Street Address 866 Lynnhaven Ct			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43228	M 1	D 2	Y 11	Amount 20.-	
Full Name of Contributor Ronald Meyer						Registration Number, if PAC	
Street Address 2329 Featherwood			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43228	M 1	D 2	Y 11	Amount 100.-	
Full Name of Contributor Michele Harkins						Registration Number, if PAC	
Street Address 6121 Wexford Park Dr			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43228	M 1	D 2	Y 11	Amount 50.-	
Full Name of Contributor Mary Kinnaird-Padovan & Michael Padovan						Registration Number, if PAC	
Street Address 1192 Stanhope Dr			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 1	D 2	Y 11	Amount 50.-	
Full Name of Contributor James G'ing						Registration Number, if PAC	
Street Address 4112 Maystar Way			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 1	D 2	Y 11	Amount 50.-	

* 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 employers 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. (B)(4))

Page Total \$0.00