

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full <u>Citizens For Southwestern City Schools</u>									
Full Name of Contributor <u>Kiddie West Pediatrics INC</u>							Registration Number, IF PAC		
Street Address <u>4766 West Broad Street</u>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>		
City <u>Columbus</u>		State <u>OH</u>		Zip Code <u>43228</u>		M D Y <u>070909</u>		Amount <u>\$50.-</u>	
Full Name of Contributor <u>Heidi L. Stevenson</u>							Registration Number, IF PAC		
Street Address <u>3075 Ashton Brooke Dr Apt 8</u>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>		
City <u>Dayton</u>		State <u>OH</u>		Zip Code <u>45431</u>		M D Y <u>071009</u>		Amount <u>\$50.-</u>	
Full Name of Contributor <u>J Patrick Callaghan</u>							Registration Number, IF PAC		
Street Address <u>4634 Oracle Lane</u>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>		
City <u>Hilliard</u>		State <u>OH</u>		Zip Code <u>43026</u>		M D Y <u>071409</u>		Amount <u>\$50.-</u>	
Full Name of Contributor <u>Ronald R Meyer</u>							Registration Number, IF PAC		
Street Address <u>2329 Featherwood Dr</u>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>		
City <u>Columbus</u>		State <u>OH</u>		Zip Code <u>43228</u>		M D Y <u>071209</u>		Amount <u>\$50.-</u>	
Full Name of Contributor <u>Jane A. Ferry</u>							Registration Number, IF PAC		
Street Address <u>934 Medinah Terrace</u>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>		
City <u>Columbus</u>		State <u>OH</u>		Zip Code <u>43235</u>		M D Y <u>071409</u>		Amount <u>\$50.-</u>	
Full Name of Contributor <u>Judy A. MacNamee</u>							Registration Number, IF PAC		
Street Address <u>3570 Boathouse Dr</u>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>		
City <u>Hilliard</u>		State <u>OH</u>		Zip Code <u>43026</u>		M D Y <u>071309</u>		Amount <u>\$50.-</u>	
Full Name of Contributor <u>Jane & Janice Collette</u>							Registration Number, IF PAC		
Street Address <u>6041 McNaughten Grove Ln</u>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>		
City <u>Columbus</u>		State <u>OH</u>		Zip Code <u>43213</u>		M D Y <u>071009</u>		Amount <u>\$100.-</u>	
Full Name of Contributor <u>James & Cynthia Grube</u>							Registration Number, IF PAC		
Street Address <u>13905 Whispering Court</u>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>check</u>		
City <u>Pickerington</u>		State <u>OH</u>		Zip Code <u>43147</u>		M D Y <u>071109</u>		Amount <u>\$100.-</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 also appear. (R.C. 3517.10(B)(4))

Page Total \$0.00