

Statement of Contributions Received

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	
Carl Metzger							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
4932 McNulty St					Check		
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	1	2	2	1	35.-
Full Name of Contributor						Registration Number, if PAC	
Deborah & Thomas Reed							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
6926 Forresthaven Loop					Check		
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43016	1	2	1	4	50.-
Full Name of Contributor						Registration Number, if PAC	
J Patrick Callaghan							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
4634 Oracle Ln					Check		
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	1	2	1	2	100.-
Full Name of Contributor						Registration Number, if PAC	
Mary Cahill							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
866 Lynnhaven Ct					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43228	1	2	1	1	20.-
Full Name of Contributor						Registration Number, if PAC	
Ronald Meyer							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
2329 Featherwood					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43228	1	2	1	1	100.-
Full Name of Contributor						Registration Number, if PAC	
Michele Harkins							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
6121 Wexford Park Dr					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43228	1	2	1	3	50.-
Full Name of Contributor						Registration Number, if PAC	
Mary Kinnaird-Padovan & Michael Padovan							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
1192 Stanhope Dr					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43221	1	2	1	2	50.-
Full Name of Contributor						Registration Number, if PAC	
James G'ing							
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
4112 Maystar Way					Check		
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	1	2	1	3	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 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. 3517.05(B)(4))