

## 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>Dion &amp; Natacha Peachey</b>              |                    |                          |                                         |               |                  | Registration Number, if PAC              |  |
| Street Address<br><b>136 Darien Ave</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>43228</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>1309</b> | Amount<br><b>\$10.-</b>                  |  |
| Full Name of Contributor<br><b>Rosa Camargo</b>                            |                    |                          |                                         |               |                  | Registration Number, if PAC              |  |
| Street Address<br><b>2302 Meadow Village Dr</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>43235</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>1309</b> | Amount<br><b>\$5.-</b>                   |  |
| Full Name of Contributor<br><b>B. Wesley Mills</b>                         |                    |                          |                                         |               |                  | Registration Number, if PAC              |  |
| Street Address<br><b>820 Hibbs Rd</b>                                      |                    |                          | Employer/Occupation/Labor Organization* |               |                  | Form (Cash, Check, etc.)<br><b>Check</b> |  |
| City<br><b>Lockbourne</b>                                                  | State<br><b>OH</b> | Zip Code<br><b>43137</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>1309</b> | Amount<br><b>\$5.-</b>                   |  |
| Full Name of Contributor<br><b>Robert &amp; Melissa Hutchins</b>           |                    |                          |                                         |               |                  | Registration Number, if PAC              |  |
| Street Address<br><b>3171 Parkview Cir</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>0</b>                           | D<br><b>4</b> | Y<br><b>2309</b> | Amount<br><b>\$5.-</b>                   |  |
| Full Name of Contributor<br><b>Michelle Oney</b>                           |                    |                          |                                         |               |                  | Registration Number, if PAC              |  |
| Street Address<br><b>1907 Beauregard Blvd</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>0</b>                           | D<br><b>4</b> | Y<br><b>2209</b> | Amount<br><b>\$5.-</b>                   |  |
| Full Name of Contributor<br><b>Julie &amp; David Ison</b>                  |                    |                          |                                         |               |                  | Registration Number, if PAC              |  |
| Street Address<br><b>66 Bartholomew Blvd</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>0</b>                           | D<br><b>4</b> | Y<br><b>2409</b> | Amount<br><b>\$20.-</b>                  |  |
| Full Name of Contributor<br><b>Jane &amp; James White</b>                  |                    |                          |                                         |               |                  | Registration Number, if PAC              |  |
| Street Address<br><b>4049 Ritamarie Dr</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>43220</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>0409</b> | Amount<br><b>\$65.-</b>                  |  |
| Full Name of Contributor<br><b>Allison Courtwright</b>                     |                    |                          |                                         |               |                  | Registration Number, if PAC              |  |
| Street Address<br><b>617 Perilous Place</b>                                |                    |                          | Employer/Occupation/Labor Organization* |               |                  | Form (Cash, Check, etc.)<br><b>Check</b> |  |
| City<br><b>Galloway</b>                                                    | State<br><b>OH</b> | Zip Code<br><b>43119</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>0109</b> | Amount<br><b>\$10.-</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)]