

## 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>JENNIFER Disalle</b>                        |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                           |  |
| Street Address<br><b>3225 Weeping Spruce Dr</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>03</b> |                                          | D<br><b>16</b> |  | Y<br><b>09</b> |  | Amount<br><b>\$ 5.-</b>   |  |
| Full Name of Contributor<br><b>Cash Contribution</b>                       |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                           |  |
| Street Address                                                             |  |                    |  | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Cash</b>  |                |  |                |  |                           |  |
| City                                                                       |  | State<br><b>OH</b> |  | Zip Code                                |  | M<br><b>04</b> |                                          | D<br><b>28</b> |  | Y<br><b>09</b> |  | Amount<br><b>\$ 200.-</b> |  |
| Full Name of Contributor<br><b>Thomas &amp; Sherry Minton</b>              |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                           |  |
| Street Address<br><b>1619 Tuscarora Dr.</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>04</b> |                                          | D<br><b>30</b> |  | Y<br><b>09</b> |  | Amount<br><b>\$ 100.-</b> |  |
| Full Name of Contributor<br><b>Karen or Daniel New</b>                     |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                           |  |
| Street Address<br><b>6166 Winnebago St.</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>04</b> |                                          | D<br><b>25</b> |  | Y<br><b>09</b> |  | Amount<br><b>\$ 100.-</b> |  |
| Full Name of Contributor<br><b>Joel &amp; Jane Taylor</b>                  |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                           |  |
| Street Address<br><b>2740 Woods Crescent</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>04</b> |                                          | D<br><b>13</b> |  | Y<br><b>09</b> |  | Amount<br><b>\$ 55.-</b>  |  |
| Full Name of Contributor<br><b>Cash Contribution</b>                       |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                           |  |
| Street Address                                                             |  |                    |  | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Cash</b>  |                |  |                |  |                           |  |
| City                                                                       |  | State<br><b>OH</b> |  | Zip Code                                |  | M<br><b>04</b> |                                          | D<br><b>29</b> |  | Y<br><b>09</b> |  | Amount<br><b>\$ 60.-</b>  |  |
| Full Name of Contributor<br><b>Tara J. Fast</b>                            |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                           |  |
| Street Address<br><b>2599 Riverside Dr. 4B</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>43221</b>                |  | M<br><b>03</b> |                                          | D<br><b>25</b> |  | Y<br><b>09</b> |  | Amount<br><b>\$ 5.-</b>   |  |
| Full Name of Contributor<br><b>Lisa S. Swartz</b>                          |  |                    |  |                                         |  |                | Registration Number, if PAC              |                |  |                |  |                           |  |
| Street Address<br><b>2234 Drumlaine Drive</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>03</b> |                                          | D<br><b>23</b> |  | Y<br><b>09</b> |  | Amount<br><b>\$ 10.-</b>  |  |

\* Required for contributions from individuals over \$100 to statewide and general assembly card dates. 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)(1)]

Page Total \$0.00

\$ 535