

# 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>James &amp; Teresa Johnson</b>                   |  |  |                                         |  |                          | Registration Number, if PAC |                                          |  |                       |
| Street Address<br><b>7147 M V High Rd</b>                                       |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |                       |
| City<br><b>Plain City</b>                                                       |  |  | State<br><b>OH</b>                      |  | Zip Code<br><b>43064</b> |                             | M D Y<br><b>1 0 0 5 0 9</b>              |  | Amount<br><b>47.-</b> |
| Full Name of Contributor<br><b>Samuel &amp; Diane Joseph III</b>                |  |  |                                         |  |                          | Registration Number, if PAC |                                          |  |                       |
| Street Address<br><b>2188 Berry Hill 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 D Y<br><b>1 0 0 2 0 9</b>              |  | Amount<br><b>47.-</b> |
| Full Name of Contributor<br><b>Mary Kinnaird-Padovan &amp; Michael Padovan</b>  |  |  |                                         |  |                          | Registration Number, if PAC |                                          |  |                       |
| Street Address<br><b>1192 Stanhope 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>43221</b> |                             | M D Y<br><b>1 0 0 3 0 9</b>              |  | Amount<br><b>50.-</b> |
| Full Name of Contributor<br><b>Christine L. Smith</b>                           |  |  |                                         |  |                          | Registration Number, if PAC |                                          |  |                       |
| Street Address<br><b>6960 O'Harra Road</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 D Y<br><b>1 0 0 2 0 9</b>              |  | Amount<br><b>47.-</b> |
| Full Name of Contributor<br><b>Sue &amp; Mark Walker</b>                        |  |  |                                         |  |                          | Registration Number, if PAC |                                          |  |                       |
| Street Address<br><b>14504 Maple Ave</b>                                        |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |                       |
| City<br><b>Lakeview</b>                                                         |  |  | State<br><b>OH</b>                      |  | Zip Code<br><b>43331</b> |                             | M D Y<br><b>1 0 0 5 0 9</b>              |  | Amount<br><b>47.-</b> |
| Full Name of Contributor<br><b>Robert &amp; Kelley Rains JR</b>                 |  |  |                                         |  |                          | Registration Number, if PAC |                                          |  |                       |
| Street Address<br><b>645 Heron Dr</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 D Y<br><b>1 0 0 2 0 9</b>              |  | Amount<br><b>50.-</b> |
| Full Name of Contributor<br><b>Scott &amp; Chris Deubner</b>                    |  |  |                                         |  |                          | Registration Number, if PAC |                                          |  |                       |
| Street Address<br><b>4684 Merit Dr</b>                                          |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |                       |
| City<br><b>Hilliard</b>                                                         |  |  | State<br><b>OH</b>                      |  | Zip Code<br><b>43026</b> |                             | M D Y<br><b>1 0 0 2 0 6</b>              |  | Amount<br><b>75.-</b> |
| Full Name of Contributor<br><b>Susan Clay-McLaughlin &amp; Jerry McLaughlin</b> |  |  |                                         |  |                          | Registration Number, if PAC |                                          |  |                       |
| Street Address<br><b>5278 Dietrich Ave</b>                                      |  |  | Employer/Occupation/Labor Organization* |  |                          |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |                       |
| City<br><b>Orient</b>                                                           |  |  | State<br><b>OH</b>                      |  | Zip Code<br><b>43146</b> |                             | M D Y<br><b>0 9 3 0 0 9</b>              |  | Amount<br><b>42.-</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)]