

Statement of Contributions Received

Page 2

Prescribed by Secretary of State 03/03

Name of Contributor to Full				
Citizens For Southwestern City Schools				
Full Name of Contributor				Registration Number, if PAC
R. Roby Schottke				
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
4912 McNulty St				Check
City	State	Zip Code	M	D
Grove City	OH	43123	0	20914
Amount				90.-
Full Name of Contributor				
Jennifer Kaufeld				
Street Address				Registration Number, if PAC
5491 Durrett Rd				
Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
		Check		
City	State	Zip Code	M	D
Orient	OH	43146	0	20914
Amount				50.-
Full Name of Contributor				
Jodi Kotsko				
Street Address				Registration Number, if PAC
2300 St Rt 56 NW				
Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
		Check		
City	State	Zip Code	M	D
London	OH	43140	0	20914
Amount				50.-
Full Name of Contributor				
Jason C. Dotson				
Street Address				Registration Number, if PAC
3323 Pebble Beach Rd				
Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
		Check		
City	State	Zip Code	M	D
Grove City	OH	43123	0	20914
Amount				50.-
Full Name of Contributor				
Lori Balough				
Street Address				Registration Number, if PAC
4601 Nickerson Rd				
Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
		Check		
City	State	Zip Code	M	D
Columbus	OH	43228	0	20914
Amount				45.-
Full Name of Contributor				
J Patrick Callaghan Jr.				
Street Address				Registration Number, if PAC
4634 Oracle Ln				
Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
		Check		
City	State	Zip Code	M	D
Hilliard	OH	43026	0	20914
Amount				35.-
Full Name of Contributor				
Linda Kuhn				
Street Address				Registration Number, if PAC
460 Trillium Dr				
Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
		Check		
City	State	Zip Code	M	D
Galloway	OH	43119	0	20914
Amount				35.-
Full Name of Contributor				
Brian Rowser				
Street Address				Registration Number, if PAC
100 E Gay St Unit 803				
Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
		Check		
City	State	Zip Code	M	D
Columbus	OH	43215	0	20914
Amount				35.-

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of individual's business, if any, rather than employer should be listed. If two or more employers contribute via payroll deduction and exceed the aggregate of \$100, the last organization of which the employees are members, if any, must also appear. (R.C. 3517.08(B)(4))

Page Total \$0.00