

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>South West AGAINST Taxes (SWAT)</u>									
Full Name of Contributor <u>William Slabonick</u>						Registration Number, if PAC			
Street Address <u>2235 Bainter Ave.</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>		
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>		M <u>01</u>	D <u>11</u>	Y <u>09</u>	Amount <u>\$25.00</u>	
Full Name of Contributor <u>ANONYMOUS</u>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>CASH</u>		
City		State <u>1</u>	Zip Code		M <u>01</u>	D <u>11</u>	Y <u>09</u>	Amount <u>\$200.00</u>	
Full Name of Contributor <u>Douglas S. Miller</u>						Registration Number, if PAC			
Street Address <u>60 Ridge Dr., Apt. 105</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>		
City <u>Fairfield, Ohio</u>		State <u>OH</u>	Zip Code <u>45014</u>		M <u>01</u>	D <u>23</u>	Y <u>09</u>	Amount <u>50.00</u>	
Full Name of Contributor <u>Robert E. Boyer</u>						Registration Number, if PAC			
Street Address <u>2224 White Rd.</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>		
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>		M <u>01</u>	D <u>25</u>	Y <u>09</u>	Amount <u>\$75.00</u>	
Full Name of Contributor <u>UNKNOWN</u>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>CASH</u>		
City		State <u>1</u>	Zip Code		M <u>01</u>	D <u>30</u>	Y <u>09</u>	Amount <u>\$20.00</u>	
Full Name of Contributor <u>UNKNOWN</u>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>CASH</u>		
City		State <u>1</u>	Zip Code		M <u>01</u>	D <u>30</u>	Y <u>09</u>	Amount <u>\$5.00</u>	
Full Name of Contributor <u>UNKNOWN</u>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>CASH</u>		
City		State <u>1</u>	Zip Code		M <u>01</u>	D <u>30</u>	Y <u>09</u>	Amount <u>\$20.00</u>	
Full Name of Contributor <u>UNKNOWN</u>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>CASH</u>		
City		State <u>1</u>	Zip Code		M <u>01</u>	D <u>30</u>	Y <u>09</u>	Amount <u>\$20.00</u>	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 0.00

415.00