

09 JUN 12 AM 10:49

# Ohio Campaign Finance Report

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Citizens For Southwestern City Schools</i>						Registration Number, If PAC		
Full Name of Candidate								
Street Address <i>4200 Hoover Rd Suite A</i>					Office Sought		District	
City <i>Grove City</i>					State <i>OH</i>		Zip Code <i>43123</i>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input checked="" type="checkbox"/> Post-General		Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination		Semlannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M <i>05</i>	D <i>05</i>	Y <i>09</i>

For candidates only, during an election year: If total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ <i>8916.82</i>
2. Total monetary contributions (From Form No. 31-A)	\$ <i>15025.96</i>
3. Total other income (From Form No. 31-A-2)	\$ _____
4. Total funds available (sum of lines 1, 2, 3)	\$ <i>23942.78</i>
5. Total monetary expenditures (From Form No. 31-B)	\$ <i>17630.80</i>
6. Balance on hand (line 4 minus line 5)	\$ <i>6311.98</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ <i>1500.00</i>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ _____
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ _____
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ _____
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ _____
12. Value of independent expenditures made (From Form No. 31-U)	\$ _____
13. For Electronic Filing Entities only	\$ _____
Sum of lines 2, 7 and amount of any new loans received this period	\$ _____

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER  
COMMITTS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

*Scott A. Molino*  
Treasurer  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Scott A. Molino*  
Signature

*06-12-09*  
Date

Contribution pages 17

Expenditure pages 15

Other pages 1

Total pages 33

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CITIZENS FOR SOUTHWESTERN CITY SCHOOLS</b>							
Full Name of Contributor <b>HR Imaging Partners</b>						Registration Number, if PAC	
Street Address <b>4105 Progress Dr</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>OTTAWA</b>		State <b>IL</b>		Zip Code <b>61350</b>		M D Y <b>04 14 09</b>	
Amount <b>\$5000-</b>							
Full Name of Contributor <b>Gawdee &amp; Associates, INC</b>						Registration Number, if PAC	
Street Address <b>6375-c Old Avery Rd</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43016</b>		M D Y <b>04 14 09</b>	
Amount <b>\$100-</b>							
Full Name of Contributor <b>Robert &amp; Jennifer Jackson</b>						Registration Number, if PAC	
Street Address <b>1880 Seaside Cir</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>		Zip Code <b>43123</b>		M D Y <b>04 15 09</b>	
Amount <b>\$100-</b>							
Full Name of Contributor <b>Harvey &amp; Helaine Nesser</b>						Registration Number, if PAC	
Street Address <b>5471 Blue Ash Rd--</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43229</b>		M D Y <b>04 15 09</b>	
Amount <b>\$50-</b>							
Full Name of Contributor <b>Tristar Transportation Co.</b>						Registration Number, if PAC	
Street Address <b>PO Box 186</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Worthington</b>		State <b>OH</b>		Zip Code <b>43085</b>		M D Y <b>04 03 09</b>	
Amount <b>\$100-</b>							
Full Name of Contributor <b>James Ging</b>						Registration Number, if PAC	
Street Address <b>4112 Maystar Way</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>		State <b>OH</b>		Zip Code <b>43026</b>		M D Y <b>04 04 09</b>	
Amount <b>\$50-</b>							
Full Name of Contributor <b>Marsha &amp; Hugh Garside</b>						Registration Number, if PAC	
Street Address <b>3648 Orders Rd</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>		Zip Code <b>43123</b>		M D Y <b>04 26 09</b>	
Amount <b>\$200-</b>							
Full Name of Contributor <b>James &amp; Teresa Johnson</b>						Registration Number, if PAC	
Street Address <b>7147 M V High Rd</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Plain City</b>		State <b>OH</b>		Zip Code <b>43064</b>		M D Y <b>04 03 09</b>	
Amount <b>\$50.</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)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens For Southwestern City Schools</b>							
Full Name of Contributor <b>Ronald Brewer</b>						Registration Number, if PAC	
Street Address <b>2402 Dorothy Ln</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>4</b>	Y <b>0809</b>	Amount <b>\$ 50-</b>	
Full Name of Contributor <b>David + Kathleen Bright</b>						Registration Number, if PAC	
Street Address <b>2916 Buxton Lne</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>4</b>	Y <b>0809</b>	Amount <b>\$ 250-</b>	
Full Name of Contributor <b>David Hitchcock</b>						Registration Number, if PAC	
Street Address <b>2269 Hills Wood Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>4</b>	Y <b>0809</b>	Amount <b>\$ 75-</b>	
Full Name of Contributor <b>Scott + Chris Dewbner</b>						Registration Number, if PAC	
Street Address <b>4684 Merit Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>4</b>	Y <b>1309</b>	Amount <b>\$ 150-</b>	
Full Name of Contributor <b>Skate America Fun Center</b>						Registration Number, if PAC	
Street Address <b>4357 Broadway</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>4</b>	Y <b>1009</b>	Amount <b>\$ 300-</b>	
Full Name of Contributor <b>Westland Area Business Assoc</b>						Registration Number, if PAC	
Street Address <b>PO Box 282035</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>	M <b>0</b>	D <b>4</b>	Y <b>0409</b>	Amount <b>\$ 2500-</b>	
Full Name of Contributor <b>Westland HS Athletics Boosters Assoc</b>						Registration Number, if PAC	
Street Address <b>145 Galloway Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Galloway</b>	State <b>OH</b>	Zip Code <b>43119</b>	M <b>0</b>	D <b>3</b>	Y <b>1709</b>	Amount <b>\$ 1000.-</b>	
Full Name of Contributor <b>William + Amy Wise</b>						Registration Number, if PAC	
Street Address <b>2458 Hickorybend Ct</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>4</b>	Y <b>0809</b>	Amount <b>\$ 100.-</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Southwestern City Schools</b>							
Full Name of Contributor <b>Grove City High School Band Boosters</b>						Registration Number, if PAC	
Street Address <b>PO Box 403</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>4</b>	Y <b>10</b>	Amount <b>\$250.46</b>
Full Name of Contributor <b>W.A. Leist Trustee</b>							
Street Address <b>1575 John Knox Dr Apt A205</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Colfax</b>		State <b>NC</b>	Zip Code <b>27235</b>	M <b>0</b>	D <b>4</b>	Y <b>01</b>	Amount <b>\$50.-</b>
Full Name of Contributor <b>Gregory Jackson &amp; Rebecca Phipps</b>							
Street Address <b>2042 Twin Flower Cir</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>3</b>	Y <b>09</b>	Amount <b>\$100.-</b>
Full Name of Contributor <b>Jeffrey &amp; Mary Ellen Remick</b>							
Street Address <b>3576 Natalie Dr</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>3</b>	Y <b>09</b>	Amount <b>\$5.-</b>
Full Name of Contributor <b>Elizabeth Diane Gottshall</b>							
Street Address <b>4224 Sequoia Ave</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>3</b>	Y <b>09</b>	Amount <b>\$10.-</b>
Full Name of Contributor <b>Julie Darby</b>							
Street Address <b>740 S Richardson Ave</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43204</b>	M <b>0</b>	D <b>3</b>	Y <b>09</b>	Amount <b>\$5.-</b>
Full Name of Contributor <b>Meghin Ann Cross</b>							
Street Address <b>3326 Bluhna Ct</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43223</b>	M <b>0</b>	D <b>3</b>	Y <b>09</b>	Amount <b>\$10.-</b>
Full Name of Contributor <b>J.C. Somner PTA</b>							
Street Address <b>3055 Kingston Ave</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>4</b>	Y <b>09</b>	Amount <b>\$200.-</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Southwestern City Schools</b>						
Full Name of Contributor <b>Jami + Eric Butler</b>				Registration Number, if PAC		
Street Address <b>2371 Hunterstown Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>3</b>	Y <b>16 09</b>	Amount <b>\$ 5.-</b>
Full Name of Contributor <b>Richard Shaw</b>				Registration Number, if PAC		
Street Address <b>2481 Delowe ST</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>3</b>	Y <b>18 09</b>	Amount <b>\$ 5.-</b>
Full Name of Contributor <b>Lisa Block</b>				Registration Number, if PAC		
Street Address <b>189 N Merkle Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Bexley</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>3</b>	Y <b>20 09</b>	Amount <b>\$ 5.-</b>
Full Name of Contributor <b>Jennifer + Jimmy Sizemore</b>				Registration Number, if PAC		
Street Address <b>7291 Harrisburg London</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Orient</b>	State <b>OH</b>	Zip Code <b>43146</b>	M <b>0</b>	D <b>4</b>	Y <b>03 09</b>	Amount <b>\$ 5.-</b>
Full Name of Contributor <b>Rebecca Lawham</b>				Registration Number, if PAC		
Street Address <b>6780 Bluebird Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Orient</b>	State <b>OH</b>	Zip Code <b>43146</b>	M <b>0</b>	D <b>3</b>	Y <b>26 09</b>	Amount <b>\$ 15.-</b>
Full Name of Contributor <b>Frederick Moore</b>				Registration Number, if PAC		
Street Address <b>899 Harmony Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>4</b>	Y <b>03 09</b>	Amount <b>\$ 30.-</b>
Full Name of Contributor <b>Cash Contribution</b>				Registration Number, if PAC		
Street Address <b>_____</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>	
City <b>_____</b>	State <b>OH</b>	Zip Code <b>_____</b>	M <b>0</b>	D <b>4</b>	Y <b>27 09</b>	Amount <b>\$ 107.00</b>
Full Name of Contributor <b>Erin or Michael Ricketts</b>				Registration Number, if PAC		
Street Address <b>1316 Baccarat Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>	M <b>0</b>	D <b>3</b>	Y <b>31 09</b>	Amount <b>\$ 5.-</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens For Southwestern City Schools</b>						
Full Name of Contributor <b>Brian &amp; Amy Crosier</b>					Registration Number, if PAC	
Street Address <b>5836 Katara Dr.</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Galloway</b>	State <b>OH</b>	Zip Code <b>43119</b>	M <b>03</b>	D <b>31</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>
Full Name of Contributor <b>John Lanich</b>					Registration Number, if PAC	
Street Address <b>4581 Nettlecreek Rd.</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Urbana</b>	State <b>OH</b>	Zip Code <b>43078</b>	M <b>04</b>	D <b>03</b>	Y <b>09</b>	Amount <b>\$ 50.-</b>
Full Name of Contributor <b>JANET HAGER</b>					Registration Number, if PAC	
Street Address <b>6290 Bausch Rd</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Galloway</b>	State <b>OH</b>	Zip Code <b>43119</b>	M <b>04</b>	D <b>03</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>
Full Name of Contributor <b>Raymond Pertuset</b>					Registration Number, if PAC	
Street Address <b>827 Lancia Lane</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Galloway</b>	State <b>OH</b>	Zip Code <b>43119</b>	M <b>03</b>	D <b>30</b>	Y <b>09</b>	Amount <b>\$ 15.-</b>
Full Name of Contributor <b>Marie &amp; Daniel GIFT</b>					Registration Number, if PAC	
Street Address <b>400 Weymouth Lane</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>	M <b>03</b>	D <b>18</b>	Y <b>09</b>	Amount <b>\$ 20.-</b>
Full Name of Contributor <b>Sharon &amp; William Bradford</b>					Registration Number, if PAC	
Street Address <b>2297 Spring Cress Ave</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>04</b>	D <b>01</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>
Full Name of Contributor <b>Mark &amp; Julie Becker</b>					Registration Number, if PAC	
Street Address <b>15094 Township Road 403</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Thomsville</b>	State <b>OH</b>	Zip Code <b>43076</b>	M <b>03</b>	D <b>20</b>	Y <b>09</b>	Amount <b>\$ 9.-</b>
Full Name of Contributor <b>Christine L. Smith</b>					Registration Number, if PAC	
Street Address <b>6960 O'Harra Rd</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Galloway</b>	State <b>OH</b>	Zip Code <b>43119</b>	M <b>04</b>	D <b>03</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens For Southwestern City Schools</b>							
Full Name of Contributor <b>Marcia Randall</b>						Registration Number, if PAC	
Street Address <b>4654 Thornoak Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>03</b>	D <b>31</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>
Full Name of Contributor <b>Susan or Timothy Ruffley</b>						Registration Number, if PAC	
Street Address <b>3553 Pin Oak Court</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>03</b>	D <b>19</b>	Y <b>09</b>	Amount <b>\$ 20.-</b>
Full Name of Contributor <b>Jean M. Lampe</b>						Registration Number, if PAC	
Street Address <b>527 S. <del>SELBY</del> Selby Blvd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Worthington</b>		State <b>OH</b>	Zip Code <b>43085</b>	M <b>03</b>	D <b>31</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>
Full Name of Contributor <b>Ryan + Gretchen Walker</b>						Registration Number, if PAC	
Street Address <b>5216 Southminster Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>	M <b>03</b>	D <b>19</b>	Y <b>09</b>	Amount <b>\$ 50.-</b>
Full Name of Contributor <b>Cheri Turner</b>						Registration Number, if PAC	
Street Address <b>7615 seeds Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Orient</b>		State <b>OH</b>	Zip Code <b>43146</b>	M <b>03</b>	D <b>26</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>
Full Name of Contributor <b>Jeremy Hoepf</b>						Registration Number, if PAC	
Street Address <b>1299 Morning Ave</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43212</b>	M <b>03</b>	D <b>18</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>
Full Name of Contributor <b>Charles Ruby</b>						Registration Number, if PAC	
Street Address <b>3273 Columbus St</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>03</b>	D <b>31</b>	Y <b>09</b>	Amount <b>\$ 15.00</b>
Full Name of Contributor <b>Anthony + Dianne Mabry</b>						Registration Number, if PAC	
Street Address <b>2739 Lori's Way</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>03</b>	D <b>31</b>	Y <b>09</b>	Amount <b>\$ 15.00</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)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens For Southwestern City Schools</b>					
Full Name of Contributor <b>JENNIFER ROBINSON</b>				Registration Number, if PAC	
Street Address <b>5603 Medinah Dr Apt B</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>04</b>	D <b>01</b>	Y <b>09</b>
Amount <b>\$5.50</b>					
Full Name of Contributor <b>Larry + Christy Duncan</b>					
Street Address <b>1449 River Trail Dr</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>03</b>	D <b>30</b>	Y <b>09</b>
Amount <b>\$5.-</b>					
Full Name of Contributor <b>Patrick + Molly Farrell</b>					
Street Address <b>6472 Falling Meadows Dr</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Galena</b>	State <b>OH</b>	Zip Code <b>43021</b>	M <b>04</b>	D <b>14</b>	Y <b>09</b>
Amount <b>\$5.-</b>					
Full Name of Contributor <b>Joseph Dollins</b>					
Street Address <b>3056 Barbee Ave</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>04</b>	D <b>01</b>	Y <b>09</b>
Amount <b>\$15.-</b>					
Full Name of Contributor <b>Nancy Florence</b>					
Street Address <b>1537 Rosedale PC Rd</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Plain City</b>	State <b>OH</b>	Zip Code <b>43064</b>	M <b>04</b>	D <b>03</b>	Y <b>09</b>
Amount <b>\$5.-</b>					
Full Name of Contributor <b>J. Mark Woodworth</b>					
Street Address <b>3386 Parkbrook Dr</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>03</b>	D <b>20</b>	Y <b>09</b>
Amount <b>\$15.-</b>					
Full Name of Contributor <b>Mark or Cathy Moore</b>					
Street Address <b>6346 Buckeye Path Dr. N</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>03</b>	D <b>30</b>	Y <b>09</b>
Amount <b>\$10.-</b>					
Full Name of Contributor <b>Gregory + Melissa Cox</b>					
Street Address <b>1315 Clove Ct</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Galloway</b>	State <b>OH</b>	Zip Code <b>43114</b>	M <b>04</b>	D <b>13</b>	Y <b>09</b>
Amount <b>\$20.-</b>					

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## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens For Southwestern City Schools</b>							
Full Name of Contributor <b>Dion &amp; Natacha Peachey</b>						Registration Number, if PAC	
Street Address <b>136 Darien Ave</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>	M <b>04</b>	D <b>13</b>	Y <b>09</b>	Amount <b>\$10.-</b>	
Full Name of Contributor <b>Rosa Camargo</b>						Registration Number, if PAC	
Street Address <b>2302 Meadow Village Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>	M <b>04</b>	D <b>13</b>	Y <b>09</b>	Amount <b>\$5.-</b>	
Full Name of Contributor <b>B. Wesley Mills</b>						Registration Number, if PAC	
Street Address <b>820 Hibbs Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lockbourne</b>	State <b>OH</b>	Zip Code <b>43137</b>	M <b>04</b>	D <b>13</b>	Y <b>09</b>	Amount <b>\$5.-</b>	
Full Name of Contributor <b>Robert &amp; Melissa Hutchins</b>						Registration Number, if PAC	
Street Address <b>3171 Parkview Cir</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>04</b>	D <b>23</b>	Y <b>09</b>	Amount <b>\$5.-</b>	
Full Name of Contributor <b>Michelle Oney</b>						Registration Number, if PAC	
Street Address <b>1907 Beauregard Blvd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>04</b>	D <b>22</b>	Y <b>09</b>	Amount <b>\$5.-</b>	
Full Name of Contributor <b>Julie &amp; David Ison</b>						Registration Number, if PAC	
Street Address <b>66 Bartholomew Blvd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	M <b>04</b>	D <b>24</b>	Y <b>09</b>	Amount <b>\$20.-</b>	
Full Name of Contributor <b>Jane &amp; James White</b>						Registration Number, if PAC	
Street Address <b>4049 Ritamarie Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	M <b>04</b>	D <b>04</b>	Y <b>09</b>	Amount <b>\$65.-</b>	
Full Name of Contributor <b>Allison Courtwright</b>						Registration Number, if PAC	
Street Address <b>617 Perilous Place</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Galloway</b>	State <b>OH</b>	Zip Code <b>43119</b>	M <b>04</b>	D <b>01</b>	Y <b>09</b>	Amount <b>\$10.-</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens For Southwestern City Schools</b>									
Full Name of Contributor <b>Janes &amp; Deborah Campbell</b>							Registration Number, if PAC		
Street Address <b>2400 Valencia Rd</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Galloway</b>		State <b>OH</b>	Zip Code <b>43119</b>		M <b>0</b>	D <b>3</b>	Y <b>10</b>	Amount <b>\$ 5.-</b>	
Full Name of Contributor <b>Jennifer Burris</b>							Registration Number, if PAC		
Street Address <b>1400 Hideaway Woods Dr</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Westerville</b>		State <b>OH</b>	Zip Code <b>43081</b>		M <b>0</b>	D <b>4</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>	
Full Name of Contributor <b>Heather &amp; Joseph Barnes</b>							Registration Number, if PAC		
Street Address <b>4529 Nickerson Rd</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43228</b>		M <b>0</b>	D <b>4</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>	
Full Name of Contributor <b>Emily Erickson</b>							Registration Number, if PAC		
Street Address <b>598 Hunt Valley Dr</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Reynoldsburg</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>0</b>	D <b>4</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>	
Full Name of Contributor <b>Meredith &amp; Mark Ervin</b>							Registration Number, if PAC		
Street Address <b>427 Darbyhurst Rd</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43228</b>		M <b>0</b>	D <b>3</b>	Y <b>09</b>	Amount <b>\$ 15.-</b>	
Full Name of Contributor <b>Kristine Devore</b>							Registration Number, if PAC		
Street Address <b>831 Parade Pl</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Galloway</b>		State <b>OH</b>	Zip Code <b>43119</b>		M <b>0</b>	D <b>4</b>	Y <b>09</b>	Amount <b>\$ 5.-</b>	
Full Name of Contributor <b>Jane A. Ferry</b>							Registration Number, if PAC		
Street Address <b>934 Medinah Terrace</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>		M <b>0</b>	D <b>4</b>	Y <b>09</b>	Amount <b>\$ 200.-</b>	
Full Name of Contributor <b>Lois Rapp</b>							Registration Number, if PAC		
Street Address <b>1317 Northfield Rd.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Springfield</b>		State <b>OH</b>	Zip Code <b>45502</b>		M <b>0</b>	D <b>4</b>	Y <b>09</b>	Amount <b>\$ 100.-</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens For Southwestern City Schools</b>									
Full Name of Contributor <b>Zoraba Ross</b>							Registration Number, if PAC		
Street Address <b>1822 Fairhaven Rd</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43229</b>		M <b>04</b>	D <b>12</b>	Y <b>09</b>	Amount <b>\$ 70.-</b>	
Full Name of Contributor <b>Michael &amp; Kimberly McConnell</b>									
Street Address <b>5181 Harrisburg Georgesville Rd.</b>							Registration Number, if PAC		
Street Address <b>5181 Harrisburg Georgesville Rd.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>		M <b>04</b>	D <b>20</b>	Y <b>09</b>	Amount <b>\$ 100.-</b>	
Full Name of Contributor <b>Thomas or Carla Wisard</b>									
Street Address <b>6688 Amur Dr.</b>							Registration Number, if PAC		
Street Address <b>6688 Amur Dr.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>		M <b>04</b>	D <b>17</b>	Y <b>09</b>	Amount <b>\$ 25.-</b>	
Full Name of Contributor <b>David Petree</b>									
Street Address <b>122 W. Schreyer Pl</b>							Registration Number, if PAC		
Street Address <b>122 W. Schreyer Pl</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>		M <b>04</b>	D <b>17</b>	Y <b>09</b>	Amount <b>\$ 50.-</b>	
Full Name of Contributor <b>Cash Contribution</b>									
Street Address							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City		State <b>OH</b>	Zip Code		M <b>04</b>	D <b>28</b>	Y <b>09</b>	Amount <b>\$ 500.-</b>	
Full Name of Contributor <b>Jeanne Greenwalt</b>									
Street Address <b>6404 Stretton Dr</b>							Registration Number, if PAC		
Street Address <b>6404 Stretton Dr</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Caval Winchester</b>		State <b>OH</b>	Zip Code <b>43110</b>		M <b>04</b>	D <b>17</b>	Y <b>09</b>	Amount <b>\$ 50.-</b>	
Full Name of Contributor <b>Michael &amp; Elizabeth Markowitz</b>									
Street Address <b>7700 Windsor Dr</b>							Registration Number, if PAC		
Street Address <b>7700 Windsor Dr</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016</b>		M <b>04</b>	D <b>17</b>	Y <b>09</b>	Amount <b>\$ 20.-</b>	
Full Name of Contributor <b>H. Fred &amp; Kathy Ruff</b>									
Street Address <b>7281 Riverside Dr</b>							Registration Number, if PAC		
Street Address <b>7281 Riverside Dr</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016</b>		M <b>04</b>	D <b>21</b>	Y <b>09</b>	Amount <b>\$ 100.-</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Citizens For Southwestern City Schools							
Full Name of Contributor						Registration Number, if PAC	
Kevin & Christie Laffin							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
4447 Dawn Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	0	4	24	09	\$ 40.-
Full Name of Contributor						Registration Number, if PAC	
Beverlee Powers							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
116 Sheffield Rd						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43214	0	4	21	09	\$ 75.-
Full Name of Contributor						Registration Number, if PAC	
J Patrick & Mary Ann Callaghan							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
4634 Oracle Lane						Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	0	4	16	09	\$ 50.-
Full Name of Contributor						Registration Number, if PAC	
Erik Shuey							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
90 W Lakeriew Ave						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43202	0	4	20	09	\$ 100.-
Full Name of Contributor						Registration Number, if PAC	
Phillip & Elaine Lawless							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
4145 Bowmansroot Ct						Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	0	4	21	09	\$ 50.-
Full Name of Contributor						Registration Number, if PAC	
L.M. Saxton							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
2339 Milligan Grove						Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	0	3	19	09	\$ 75.-
Full Name of Contributor						Registration Number, if PAC	
Jason Chad Dotson							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
3323 Pebble Beach Rd.						Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	0	4	22	09	\$ 100.-
Full Name of Contributor						Registration Number, if PAC	
Matthew or Michelle Geraski							
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
3445 Hoover Rd						Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	0	4	14	09	\$ 15.-

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CITIZENS FOR SOUTHWESTERN CITY SCHOOLS</b>							
Full Name of Contributor <b>L. M. Saxton</b>						Registration Number, if PAC	
Street Address <b>2339 Milligan Grove</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>04</b>	D <b>17</b>	Y <b>09</b>	Amount <b>5.-</b>
Full Name of Contributor <b>Breana &amp; Paul Smathers</b>						Registration Number, if PAC	
Street Address <b>6247 Marshall Bay Cr</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>04</b>	D <b>20</b>	Y <b>09</b>	Amount <b>\$325.-</b>
Full Name of Contributor <b>Jane Ferry</b>						Registration Number, if PAC	
Street Address <b>934 Medinah Terrace</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>	M <b>04</b>	D <b>14</b>	Y <b>09</b>	Amount <b>\$75.-</b>
Full Name of Contributor <b>Tammy Bills</b>						Registration Number, if PAC	
Street Address <b>1142 Onslow Dr</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43204</b>	M <b>03</b>	D <b>31</b>	Y <b>09</b>	Amount <b>\$5.-</b>
Full Name of Contributor <b>Eric Diaz</b>						Registration Number, if PAC	
Street Address <b>1882 St. Lawrence Dr.</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43223</b>	M <b>04</b>	D <b>15</b>	Y <b>09</b>	Amount <b>\$15.-</b>
Full Name of Contributor <b>Dolla M. Beach III</b>						Registration Number, if PAC	
Street Address <b>4148 Rowanne Court</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>	M <b>04</b>	D <b>25</b>	Y <b>09</b>	Amount <b>\$50.-</b>
Full Name of Contributor <b>Charles Ellis &amp; Pamela Moore</b>						Registration Number, if PAC	
Street Address <b>1160 River Trail Dr.</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>04</b>	D <b>16</b>	Y <b>09</b>	Amount <b>\$10.-</b>
Full Name of Contributor <b>Richard &amp; Shelah Stage</b>						Registration Number, if PAC	
Street Address <b>2733 Woodgrove Dr</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>04</b>	D <b>21</b>	Y <b>09</b>	Amount <b>\$100.-</b>

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