

FILED

10 JUL 27 AM 11:32

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 type="checkbox"/> Post-General	Annual Year		<input checked="" type="checkbox"/> Semiannual <i>2010</i>
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election <i>N/A</i>		M	D

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>8129.³⁶</i>
2. Total monetary contributions (From Form No. 31-A)	\$ <i>200.⁷⁴</i>
3. Total other income (From Form No. 31-A-2)	\$ <i>—</i>
4. Total funds available (sum of lines 1, 2; 3)	\$ <i>8330.¹⁰</i>
5. Total monetary expenditures (From Form No. 31-B)	\$ <i>500.⁰⁰</i>
6. Balance on hand (line 4 minus line 5)	\$ <i>7830.¹⁰</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
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
COMETS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Scott Molino - Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Scott A. Molino
Signature

07-27-2010
Date

Contribution pages 1

Expenditure pages 2

Other pages 1

Total pages 4

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 Southwestern Council of PTA's					Registration Number, if PAC		
Street Address 1231 Pinnacle Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43204		M 1	D 2	Y 09
Amount 90.-							
Full Name of Contributor Roosters Restaurant					Registration Number, if PAC		
Street Address 4650 W. Broad St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43228		M 1	D 2	Y 09
Amount 110.74							
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M	D	Y
Amount							

* 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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Citizens For Southwestern City Schools</i>								
To Whom Paid <i>Oakhurst Country Club</i>					M	D	Y	Amount <i>\$500.-</i>
Address <i>3223 Norton Road</i>		Purpose <i>Campaign Event Deposit</i>						
City <i>Grove City</i>	State <i>OH</i>	Zip Code <i>43123</i>	Check Number <i>896</i>					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State <i>OH</i>	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State <i>OH</i>	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State <i>OH</i>	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State <i>OH</i>	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State <i>OH</i>	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State <i>OH</i>	Zip Code	Check Number					