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## Statement of Contributions Received

Page 9

Prescribed by Secretary of State 03/05

Street Address  Employer/Occupation/Labor Organization'  Form (Cash, Check, etc.)  Stake OH  OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization'  Form (Cash, Check, etc.)  Stake OH  OH  Stake Zip Code OH  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization'  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization'  Form (Cash, Check, etc.)  Stake OH  Stake	Name of Committee in Full									
State Address  Employer/Occupation/Labor Organization*  Full Name of Coorrbutor  Sover Address  Employer/Occupation/Labor Organization*  Full Name of Coorrbutor  Employer/Occupation/Labor Organization*  Full Name of Coorrbutor  Employer/Occupation/Labor Organization*  Full Name of Coorrbutor  Full Name of Coorrbutor  Sover Address  Employer/Occupation/Labor Organization*  Full Name of Coorrbutor  Full Name o	Citizens For Southwestern City Schools									
State Address  Employer/Occupation/Labor Organization*  Full Name of Coorrbutor  Sover Address  Employer/Occupation/Labor Organization*  Full Name of Coorrbutor  Employer/Occupation/Labor Organization*  Full Name of Coorrbutor  Employer/Occupation/Labor Organization*  Full Name of Coorrbutor  Full Name of Coorrbutor  Sover Address  Employer/Occupation/Labor Organization*  Full Name of Coorrbutor  Full Name o	Full Name of Contributor Registration Number, if PAC									
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Calloway	145 Galloway Rd							ckeck		
Form (Cash, Check, etc.)  Sover Address  Employer/Occupation/Labor Organization  Form (Cash, Check, etc.)  Employer/Occupation/Labor Organization  Form (Cash, Check, etc.)	Ciry Galloway	Stake OH	Zip Code 43119	M	0	3 6	) Y	Amouni 230, —		
Surect Address   Employer/Occupation/Labor Organization   Form (Cash, Check, etc.)	Full Name of Contributor Registration Number, if PAC									
Surect Address   Employer/Occupation/Labor Organization   Form (Cash, Check, etc.)	Westland Area Business Association									
Surect Address   Employer/Occupation/Labor Organization   Form (Cash, Check, etc.)	Street Address	Employer/Occupation/Labor Organization*								
Surect Address   Employer/Occupation/Labor Organization   Form (Cash, Check, etc.)	P.O. Box 282035				······································		<del></del>	Check		
Surect Address   Employer/Occupation/Labor Organization   Form (Cash, Check, etc.)	City	State	Zip Code	M	,   '		M <sub>C</sub>	Amount		
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Full Name of Contributor  Employer/Occupation/Labor Organization  Employer/Occupation/Labor Organization  From (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization  Form (Cash, Check, etc.)  Survet Address  Employer/Occupation/Labor Organization  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)	Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)			
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City Stake Zip Code M D Y Amount	Full Name of Contributor			Regis	Registration Number, if PAC					
	Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				ACCORDING TO SERVICE AND SERVI	Form (Cash, Check, etc.)		
	City	State OH	Zip Code	M			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)]

Page Total \$0.00