In-Kind Contributions Received

Prescribed by Secretary of State 3/05

					NO COLO DE CONTRACTO DE CONTRAC		
Name of Committee in Full							
Citizens for Quality Schools		WARDEN TO THE					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Preferred Wireless							
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
1290 US Highway 42N	phone service		0 5	0 3	1 0	850.00	
	State Zip Code		Received at Fundraising Event?				
City Delegrange	O H	43015		YES	. 4.06 12	NO	
Delaware		Control of the Contro	Pagiatra		hor if DA		
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
				Received at Fundraising Event?			
City	State	Zip Code	Receive		raising E		
				YES NO			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of It	em or Service	M D Y Fair Market Value				
S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
City		2.p 00 .u 0		YES		NO	
E UNI CONTINUE	Employer Occu	pation, Labor Organization *	Remetra		her if PA		
Full Name of Contributor	Employer, Occu	Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
					ĺ		
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
City				YES	Ü	Пио	
Full Name of Contributor	Employer Occur	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Full Name of Contributor	Employer, Occupation, Lac		I COBISCIA		1001, 11 . 1	.~	
	Description of I	Description of Item or Service		D	Y	Fair Market Value	
Street Address	Description of 1	tem of service	M		1 1	an market value	
					_ نبل	L	
City	State	Zip Code	Receive	-	Iraising E		
				☐ YES ☐ NO			
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
	Description of Item or Service		М	Гр	Y	Fair Market Value	
Street Address	dress Description of item or s		101		1 '	an Market Value	
		Ta: 5			1	<u> </u>	
City	State	Zip Code	Receive	7	Iraising E	(········)	
			YES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Idress Description of Item or Service		M	D	Y	Fair Market Value	
Street Address			1 "				
	State	Zip Code	Receive	d at Fund	Iraising F	vent?	
City	State	State Zip Code		Received at Fundraising Event? YES NO			
Full Name of Contributor	Employer, Occi	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
		Employor, Goodpation, Dator Organization					
Street Address	Description of I	Description of Item or Service		D	Y	Fair Market Value	
City	State Zip Code		Received at Fundraising Event?				
City		,		YES		NO	
				باست ب		L	

Page Total \$ ____850.00

^{*} 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)]