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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		(manager) (c) party (manager)		***************************************	University of the Control of the Con	National State of the Inches			
Name of Committee in Full									
Citizens for Quality Schools	NO CONTROL CON	management and a second							
Full Name of Contributor				Registration Number, if PAC					
Mary Anderson					Martin San San	Surrey Market			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
8607 Clover Glade Dr	1						check		
City	Sta	te	Zip Code	М	D	Y	Amount		
Lewis Center	0	Н	43035	0 3	1 5	1 0	60	0.00	
Full Name of Contributor					tion Num	The state of the s			
Joseph Divida									
Street Address	Employer	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc	c.)	
1364 Winesep Dr		•	÷				check		
City	Sta	te	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43204	0 3	1 5	1 0	30	0.00	
Full Name of Contributor		-	1 10401		tion Num		Charles and the second of the party of the second of the s		
Benchmark Bank						,			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc	c.)	
461 Beecher Road	Linploye	Employer/Occupations Dation Organization					check		
261 beecher Koau City	Sta	te	Zip Code	Тм	D	Y	Amount		
	0	Н	43230	1	1 5	1 0		0.00	
Gahanna	J U		<u> </u>		tion Num		ANY CONTRACTOR OF THE PARTY OF	0.00	
						iou, ii r	10		
OAPSE AFSCME Turnaround Ohio Pac Street Address Employer/Occupation/Labor Organization*				LA	. 1269	XMITTER STREET,	Form (Cash, Check, etc	c)	
Street Address	Employe				v.)				
6805 Oak Creek Drive		17:00			I b	ΙΥ	check		
City	Sta		Zip Code	M	D	1 1	Amount	0.00	
Columbus	0	H	43229	0 3		1 0	COLUMN THE PROPERTY OF THE PRO	0.00	
Full Name of Contributor				Kegistra	ation Num	ider, if P/	1 C		
Janet Mastenbrook					***************************************	***************************************	In to the state of the		
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc	C.)	
400 Amesbury Dr			1		T =		check		
City	Sta		Zip Code	M	D	Y	Amount	m 00	
Gahanna	0	H	43230	0 3	THE RESIDENCE OF THE PERSON NAMED IN	MOREO CONTRACTOR OF THE PARTY O	Market Company of the	5.00	
Full Name of Contributor				Registra	ation Num	nber, if Pa	AC		
Patricia Smith					and character recogniti	***************************************	girmany and the same of the sa	anne anno anno anno anno	
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
813 Riva Ridge Blvd							check		
City	Sta		Zip Code	M	D	Y	Amount		
Gahanna	0	Н	43230	0 3		1 0		0.00	
Full Name of Contributor				Registra	ation Nun	iber, if Pa	4C		
Allan Covert									
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, et	c.)	
1750 Harrison Pond							check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
New Albany	0	Н	43054	0 3	1 6	1 0	5	0.00	
Full Name of Contributor Registration Number, if P.								***************************************	
Ohio Heating & Refrigeration									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, et	tc.)	
PO Box 91203							check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
	0	Н	43209		1 6	1 .	B .	0.00	
Columbus			1 10402	IUIS	110	1110	1,00	U.UU	

Page Total \$ 2,465.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, 12465 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)]