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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	and the same of th	nambara sanata na						
Name of Committee in Full								
Citizens for Quality Schools		****************				***************************************		
Full Name of Contributor					Registration Number, if PAC			
Zimmerman School Equipment								
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
PO Box 209							check	
City	St	ate	Zip Code	М	D	Y	Amount	
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Full Name of Contributor		1		OR OTHER DESIGNATION OF THE PERSON NAMED AND ADDRESS OF THE PE	discountered any annual	iber, if P		
Jeff Murry								
Street Address	Employe	er/Occup	ation/Labor Organization*	- Bernander			Form (Cash, Check, etc.)	
735 Ulverston Dr	1 ' '	•	Ü				check	
City	St	ate	Zip Code	M	D	Y	Amount	
Gahanna	0	H	43230	0 4	1 4		100.00	
Full Name of Contributor			1 43230			aber, if PA		
run Name of Contributor				Kegisua	ition ivun	1061, 11 17	10	
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
Succe Address	Dinpio).	и оссир	anon Euron Organization				check	
City	<u> </u>	ate	Zip Code	М	l D	Y	Amount	
City	ŀ	H	Zip Code	1 .		1 .	Amount	
E UN COLUMN	0	<u> </u>		$0 \mid 4$	l V	1 0		
Full Name of Contributor				Kegistra	ition Nun	noer, it Pa	AC .	
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
							check	
City	SI	ate	Zip Code	M	D	ΙΥ	Amount	
City		Н	2.5 0000	0 4		$\begin{vmatrix} 1 \\ 0 \end{vmatrix}$	, and and	
Full Name of Contributor				THE REAL PROPERTY.	tion Nun	nt management as a superior	A.C.	
Full Name of Contributor Registration Number, if PAC								
treet Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
		•	· ·				check	
City	St	ate	Zip Code	M	D	Y	Amount	
City		Н		0 4	1 ,	1 0	1	
Full Name of Contributor							Control of the second s	
Full Name of Contributor Registration Number, if PAC								
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
							check	
City	St	ate	Zip Code	М	D	ΙΥ	Amount	
	10	H	1	0 4	1 1	1 0		
Full Name of Contributor				CONTRACTOR OF THE PARTY OF THE	<del>agamenta de la comunicación de </del>	nber, if P.	AC	
						,		
Street Address	Employ	er/Occup	ation/Labor Organization*	Lannannan	and		Form (Cash, Check, etc.)	
			•				check	
City	St	ate	Zip Code	М	D	ΤΥ	Amount	
•	10	H	,	$0 \mid 4$		10		
Full Name of Contributor		-		The second second	Telephone and the second		AC	
Full Name of Contributor Registration Number, if PAC								
Street Address	Employe	ег/Оссип	ation/Labor Organization*			HARVES HARVESTON	Form (Cash, Check, etc.)	
Disprojon Occupanion Dation Organization			······································				check	
City .		ate	Zip Code	М	D	ΤΥ	Amount	
		H	43230		1 .	10	1	
equired for contributions from individuals over \$100 to statewide and				0 4		erice and the contract of the	144	

Page Total \$	300.00

<sup>\*</sup> 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)]