Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Citizens for Quality Schools	AMINADON NATION AND SOURCE	= 1550 0000 1750			5741.072.47.05		·		
Full Name of Contributor	Registration Numb					ber, if PA	VC.		
Sylcom Systems							MANAGAMAN AND AND AND AND AND AND AND AND AND A	New 1994 (1994 (No. 1994 (No.	
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
4655 Pinegrove Ave							check		
City	St	ate	Zip Code	М	D	Y	Amount		
Youngstown	0	H	44515	0 5	1 2	1 0		50.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	VC		
Patricia Twigg									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
832 Moon Glow Ct							check		
City	St	ate	Zip Code	М	D	Y	Amount		
Gahanna	0	Н	43230	0 5	1 8	1 0		300.00	
Full Name of Contributor					ition Num	NAME OF TAXABLE PARTY.	\C		
RBC Capital Markets									
Street Address	Employe	ег/Оссир	ation/Labor Organization*		***************************************		Form (Cash, Ch	neck, etc.)	
60 South Sixth Street					check				
City	St	ate	Zip Code	M	D	Y	Amount		
Minneapolis	M	N	55402	0 5	1 9	1 0		400.00	
Full Name of Contributor	***************************************				ation Num		AC.		
Raymond Horn									
Street Address	Employ	er/Occup	oation/Labor Organization*	<u>P</u>			Form (Cash, Ch	neck, etc.)	
659 Caroway Blvd							сс		
City	St	ate	Zip Code	М	D	Y	Amount		
Gahanna	0	Н	43230	0 4	1 9	1 0		5.00	
Full Name of Contributor					ation Num		AC .		
Michelle Callahan									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
332 Rita Court							сс		
City	Si	ate	Zip Code	М	D	Y	Amount		
Gahanna	0	Н	43230	0 4	2 0	1 0		5.00	
Full Name of Contributor				Registra	ation Nun		AC		
Gary Kitsmiller									
Street Address	Employ	er/Occup	pation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
918 Old Pine Dr							сс		
City	S	tate	Zip Code	M	D	Y	Amount	·····	
Gahanna	0	H	43230	0 4	2 3	1 0		50.00	
Full Name of Contributor					ation Nun		AC		
Diana Fowler									
Street Address	Employ	er/Occup	nation/Labor Organization*		OK PERIOD TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STA	mar'a nausumithi	Form (Cash, Cl	neck, etc.)	
210 Creighton Ct					сс				
City	S	tate	Zip Code	М	D	Y	Amount		
Gahanna	0	Н	43230	0 4	2 7	1 0		10.00	
Full Name of Contributor				M3/M14/5/M1444-1444-1444-1444-1444-1444-1444-144	ation Nun	denomination of the second	AC.	<u> </u>	
Julie Wurster									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1299 Pond Hollow Lane					сс				
City	S	tate	Zip Code	М	D	Y	Amount		
New Albany	0	Н	43054	0 4	2 7	1 0		25.00	
		11	1.1-1	annalariad	the ecou		d the name of th	_	

	
Page Total	\$ 845.00

^{*} 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)]