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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				Maria de la compansión de			
Name of Committee in Full							
Citizens for Strong Schools			Danietes	tion Nor	her if D^	C	
Full Name of Contributor			Kegistra	uon Num	ber, if PA		
NetJets Aviation, Inc.	-					Form (Cook Charle sto)	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
4111 Bridgeway Avenue				7		Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43219	1 2	1 0		10,000.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
CEA - 1 Mill Club							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
929 East Broad Street						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OIH		1 2	3 0	0 8	255.02	
Full Name of Contributor		10200			ber, if PA	9	
Lan Manie of Continuator			1.50.500		. ,		
Street Address	Employer/Occu	pation/Labor Organization*	k	VANDOUTH ACTION ACTIONS		Form (Cash, Check, etc.)	
SHOOL Additions	Zimpio jei, ocea	Employer Occupation Dator Organization					
Ci	State	Zip Code	ТМ	D	Y	Amount	
City	Jiaic	Lap code	1 "				
			Pagiatro	tion Num	ber, if PA	C	
Full Name of Contributor			Regisua	mon Nun	ibei, ii ra		
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
					γ		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	tion Nun	iber, if PA	.C	
Street Address	Employer/Occu	ķ.			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
·							
Full Name of Contributor			Registra	ation Nun	ber, if PA	ÅC	
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
Site Address	Jinproj en Over	Zinpioj di Goodpation Zidori Organization					
Cit	State	Zip Code	М	D	Y	Amount	
City	State	Lip Code	141				
		1	D ori-t-	ation Mus	ber, if PA	1 2C	
Full Name of Contributor			Registr	auon iyuli	ioci, ii P		
			<u> </u>			Form (Cook Charle sta)	
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PA						AC	
treet Address Employer/Occupation/Labor Organization*				Antolis in Antonio esperante de la constanta d		Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
					1		
	L L				_	II.	

Page Total \$ 10,255.02

^{*} 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)]