Page	71

Statement of Contributions Received

Prescribed by Secretary of State 3/05

			V					
Name of Committee in Full								
Citizens for Quality Schools				ZAZZANNA ESITE			and the same of th	
Full Name of Contributor			Registration Number, if PAC					
David Cox								
Street Address	Employer/Occup				Form (Cash,	Check, etc.)		
955 Avir Ct						CC		
City	State	Zip Code	M	D		Amount		
Gahanna	O H	43230	0 4	NAME AND ADDRESS OF THE OWNER,	1 0		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	VC.		
Bill Tomko				***************************************				
Street Address	Employer/Occu				Form (Cash,	Check, etc.)		
2641 Swisher Creek Dr						CC		
City	State	Zip Code	M	D	Y	Amount		
Blacklick	$\bigcup O \mid H$	43004	$0 \mid 4$	HONDOWN CONTRACTOR	1 0		240.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .		
Scott McComb					emeratur mannet		promise and the second	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash,	Check, etc.)	
230 Barnhill Ct				,		CC		
City	State	Zip Code	М	D ,	Y	Amount		
Gahanna	0 H	43230		0 8	1 0		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .		
Jill Shuler				MARINE MARINE MARINE		National Control of the Control of t		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash,	Check, etc.)	
88 Highmeadow Dr				,	,	CC		
City	State	Zip Code	М	D _,	Y	Amount		
Columbus	O H	43230-1790	$0 \mid 4$				100.00	
Full Name of Contributor			Registra	tion Nun	ber, if PA	4C		
Jan Ross				**************		ficere communication		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
166 Chapelfield Rd			·····			СС		
City	State	Zip Code	M	D	Y	Amount	400.00	
Gahanna	OH	43230	$0 \mid 4$	Carrier protection records		L	100.00	
Full Name of Contributor			Registra	tion Nun	iber, if P	AC		
Kim Kessler						_		
Street Address	Employer/Occu				Form (Cash,	Check, etc.)		
99 Walcreek Dr				.	,	CC	,	
City	State	Zip Code	М	D	Y	Amount	400.00	
Gahanna	O H	43230	0 4	0 8	A STATE OF THE PARTY OF THE PAR		100.00	
Full Name of Contributor			Registra	tion Nun	ber, if Pa	AC		
Gregg Morris				*****				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)	
7680 Clear Creek Ct				·····	·	CC		
City	State	Zip Code	M	D	Y	Amount		
Blacklick	OH	43004	0 4	0 8	TATE OF THE PARTY		35.00	
Full Name of Contributor			Registra	tion Nun	iber, if Pa	AC		
Steve Pierce					***************************************	gadasesesesius and a		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1265 Pond Hollow Ln				,	,	СС		
City	State	Zip Code	М	D	Y	Amount		
New Albany	OH	43054	$0 \mid 4$	0 8	1 0	<u> </u>	100.00	

Page Total \$	875.00
---------------	--------

^{*} 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)]