Page

Statement of Contributions Received

Prescribed by Secretary of State 3/05

						ymatomorphism and the		Maharan and an	
Name of Committee in Full									
	Citizens for Quality Schools								
Full Name of Contributor									
MI Homes Service, LLC	Tr., 1.	να/Ως · · ·	otion/Lohor Organization*	<u> </u>	220011110000in		Form (Coch C	heck etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
3 Easton Oval, Suite 420	1		Tin Codo	LM	D	Y	check Amount		
City	_	ate H	Zip Code	M	D 1 6		ATHOURE	2,500.00	
Columbus		11	43219	0 4	1 6	www.componence		2,300.00	
Full Name of Contributor Registration Number, if PAC									
Jefferson Elementary PTA	Tro 1	/0		<u> L</u>			Form (Coch C	Thools oto	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
136 Carpenter Road			Ia: 0 1	1	T 75	Y	check Amount		
City	1 -	ate	Zip Code	M	D		Amount	E00.00	
Gahanna	10	H	43230		1 9	1 0		500.00	
Full Name of Contributor Registration Number, if PAC									
HC Nutting	Tr :	- 10	stically above Organization	<u> </u>			Form (Cook)	hack ato	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
18001 W 106th Street, Suite 300			In: O I	T	T 5	1 37	check		
City	1	tate	Zip Code	M	D	Y	Amount	100.00	
Olathe	K	$\mid S \mid$	66061	0 4		10	1.0	100.00	
Full Name of Contributor				Registra	ition Nun	ber, if PA	AC.		
Martin J Hughes				<u> </u>			D (0.1.)	21 1	
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
150 E Wilson Bridge Rd, Suite 300							check		
City		tate	Zip Code	M	D	Y	Amount	T 000 00	
Columbus	10	H	43085	0 4		1 0		5,000.00	
Full Name of Contributor				Registra	ition Nun	nber, if PA	AC		
Karen Dearbaugh					***************************************		E (0.1	31	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
5148 Uppermount Row				1	T 75	1 37	check		
City	l _	tate	Zip Code	M	D	Y	Amount	100.00	
New Albany Full Name of Contributor		H	43054			1 0		100.00	
Karen Ferngou									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
839 Moon Glow Ct						1	check		
City	I _	tate	Zip Code	M	D	Y	Amount	400.00	
Gahanna	10	H	43230	$0 \mid 4$	THE RESERVE OF THE PERSON NAMED IN		Commence of the Commence of th	100.00	
Full Name of Contributor				Registra	ation Nur	nber, if P	AC		
Edna Wright		·,····					·		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash,	Check, etc.)	
976 Grandon Ave		_,,,			,	1	check	,	
City	1 -	tate	Zip Code	M	D	Y	Amount	0 F 00	
Columbus		H	43230	$0 \mid 4$			The same of the sa	25.00	
Full Name of Contributor Registration Number, if PAC									
Deborah Carley									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
837 Nob Hill					check				
Cíty	1	tate	Zip Code	M	D	Y	Amount	400.00	
Gahanna	<u> </u>	ļΗ	43230	0 5	0 6	1 0		100.00	

* 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)]

Page Total \$ 8,425.00