Page <u>53</u>

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

	MALOW PRINCE TO THE REST OF THE PRINCE TO TH		NAMES OF TAXABLE PARTY.		-	
Name of Committee in Full						
Citizens for Quality Schools Full Name of Contributor			Panist	ion Nu-	or ith	C
			Registrat	ion Num	ber, ii PA	
Kimberly Fields Street Address	Employer/Occu	pation/Labor Organization	*			Form (Cash, Check, etc.)
132 B Green Meadows Dr	Employer/Occu	patron Labor Organization				check
City	State	Zip Code	M	D	Y	Amount
Gahanna	OH	43230	0 3		1 0	16.00
Full Name of Contributor			Contractive of the second	ion Num	المسجنحة بيسيس	
Deborah Arnold						
Street Address	Employer/Occu	pation/Labor Organization	*	***************************************		Form (Cash, Check, etc.)
410 Sheryl Dr						check
City	State	Zip Code	M	D	Y	Amount
Pickerington	OH	43147	0 3	0 8	1   0	45.00
Full Name of Contributor				tion Num	ber, if PA	vC
Mike Tubbs						•
Street Address	Employer/Occu	pation/Labor Organization	*		AND DESCRIPTION OF THE PERSON	Form (Cash, Check, etc.)
411 N Hamilton Rd						check
City	State	Zip Code	М	D	Υ	Amount
Gahanna	0   H	43230	0 3	0 8	1 0	23.00
Full Name of Contributor			Registrat	tion Num	ber, if PA	<b>C</b>
Nancy Clark				TOTAL TICK WANTED	Marka Marka	
Street Address	Employer/Occu	pation/Labor Organization	*			Form (Cash, Check, etc.)
4222 Berry Ridge Ln						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	OH	43230	0 3		1 0	40.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .
Corey Crognale				de la valori de la v		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1052 Arcaro Dr			·····			check
City	State	Zip Code	M	D	Y	Amount
Gahanna	O   H	43230	0 3	NAME OF TAXABLE PARTY.	1 0	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC
Kathleen Mullooly-Erhard						Annual Control of the
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
648 Howell Dr		Ta: A I	1		**	check
City	State H	Zip Code	M	D	Y	Amount 100 00
Newark Full Name of Contributor	IO L	43065	0 3	0 9 tion Num	1 0	100.00
			Registra	uon num	Der, ii PA	AC .
John Grimme Street Address	[Employer/Occur	nation/Labor Organization	*	/11/11/20/20/20/11/05/05		Form (Cash, Check, etc.)
<u>.</u>	Employer/Occupation/Labor Organization*					
842 Hensel Woods Rd	State	Zip Code	М	D	Y	check <sup>Amount</sup>
Columbus	OH	43230		0 9		100.00
Full Name of Contributor	IOII	1 40200		tion Num		
Miles Herbert			подізна		, 11 17	
Street Address	Employer/Occi	pation/Labor Organization	*			Form (Cash, Check, etc.)
51 Walcreek Drive West				check		
City	State	Zip Code	Тм	D	Y	Amount
Gahanna	OH	43230		0 9		100.00
Canalan		1 10400				100.00

Page Total \$ 524.00

<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)]