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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Na		<u> Marianan da maria d</u>		CONTRACTOR				
Name of Committee in Full Citizons for Quality Schools								
Citizens for Quality Schools	Em. 1		tion Labor Oresis * T	Ragio	ion M	Jer (fr.		1995 (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)
Full Name of Contributor	Employe.	i, Occupi	ation, Labor Organization *	registra	tion Numb	ooi, if PA!		
Gregg Morris	l _D	or : ""	n or Comi	L	<u> </u>	- 	Fair Ment	Α
Street Address			m or Service	M	D	1 1	Fair Market Valu	
7680 Clear Creek Ct			ental certificate	0 3				900.00
City	Sta	1	1 '		d at Fundr	raising Ev		
Blacklick	Ω	H	43230	CHILD CONTRACTOR CONTR	YES	·	∐NO	
Full Name of Contributor	Employer	r, Occupa	ation, Labor Organization *	Registra	tion Numb	ber, if PA	C	
D&M Plumbing				<u> </u>				
Street Address	Description of Item or Service			М	D		Fair Market Valu	
2077 Joyce Ave			service certificates	0 3	0 6	10		500.00
City		ate	Zip Code	Received	d at Fundr	aising Ev	***************************************	
Columbus		H	43219		YES	William	NO	Management
Full Name of Contributor	and a Managar parameter for		ation, Labor Organization *	COMPANIES OF THE PARTY OF THE P	ition Numl	ber, if PA	С	
Gahanna Jefferson Education Association			Ì	1				
Street Address		on of Iter	m or Service	М	D	Y	Fair Market Valu	ıe
160 S Hamilton Rd			d beverage items	0 3	l I	1 ' 1	Ţ	355.38
City			Zip Code		d at Fundr			
Gahanna		H	43230		YES	٠١	NO	
Full Name of Contributor	Employe		ation, Labor Organization *	Registre		ber, if PA	AND THE REAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE	
Full Name of Contributor Employer, Occupation, Labor Organization * Registration Number, if PAC								
Street Address	Descript:	on of Ita-	m or Service	M	D	Y	Fair Market Valu	1e
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City	Sta	ıte '	Zip Code	Receive	d at Fundr	ajsing D.	ent?	
City	St.		Lip code	- Cocive	a at Fundr YES	. manig EV	vent?	
Full Name of Contributor	Emal-	r Occ	ation Labor Organization *	Reciate	J YES ation Numl	her if n.		Managalika open kirilik kultur i sangar
i un ivanie di Contidutoi	Limpioye	., occup.	ation, Labor Organization *	Cgistra	.uon num	, 11 PA		
Street Address		On cer.	m or Service	N/	D	Y	Fair Market Valu	16
		on or Ite.	III OF POLATOR	M		1 1	an iviaiket Valt	
Cib.	 	ato	Zin Codo	P ^ - ·	d at D	raisier	ent?	
City	St.	ate	Zip Code	Receive	d at Fundi	aising Ev		
T. H.N. Committee				YES NO				
Full Name of Contributor		Employer, Occupation, Labor Organization *			Registration Number, if PAC			
				 	T	1	Te : se :	
Street Address		Description of Item or Service		M	D	Y	Fair Market Valu	ue
				L	<u> </u>	<u> </u>	L	
City	St.	ate	Zip Code	Receive	ed at Fundi	raising Ev	l1	
					YES	***************************************	NO	***************************************
Full Name of Contributor		Employer, Occupation, Labor Organization *			ation Num	ber, if PA	AC	
	<u></u>						·	
Street Address		Description of Item or Service		M	D	Y	Fair Market Valu	ue
			<u></u>					
City	Sta	ate	Zip Code	Receive	d at Fund	raising Ev		
			YES NO					
Full Name of Contributor		r, Occupa	ation, Labor Organization *	Registra	ation Num	ber, if PA	\C	
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Street Address	Descripti	ion of Iter	m or Service	М	D	Y	Fair Market Valu	ue
		,						
City	State		Zip Code	Receive	ed at Fund	raising Fx	vent?	
			'	IF	YES	ب ن	NO	
	- ·	-	description of the second	1				

^{*} 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)]