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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					THE CONTRACTOR OF THE CONTRACT	PARTITION	www.comesan.com		
Citizens for Quality Schools									
ull Name of Contributor				Registration Number, if PAC					
						, 11 1 /			
Sarah McLaughlin Street Address	Employe	r/Occurr	ation/Labor Organization*	<u></u>	<del></del>		Form (Cash, Chec	k, etc )	
	Linhtoke	occupi					check	,	
5310 John Browning Dr City	C.	ate	Zip Code	М	D	Y	Amount		
*	O	ate H	43110	$\begin{vmatrix} M \\ 0 \end{vmatrix} 3 \begin{vmatrix} M \end{vmatrix}$	ĺ	1 . 1		60.00	
Canal Winchester Full Name of Contributor	10		] TULIU	nagional property and the comment of	ACCOUNT OF THE PARTY OF THE PAR	ber, if PA	<b>L</b> VC	00.00	
				-cogistia	rull	, 11 F?			
Tamara Miller-Wiard Street Address	Em-1	r/Oss	ation/Labor Organizatio-*	1	P		Form (Cash, Chec	k etc.)	
	Employer/Occupation/Labor Organization*						check	,	
5624 York Road, SW	- 0.	ote	Zin Code	М	D	ΙΥ	CNECK Amount		
City Dataskala		ate H	Zip Code	1	l	1 1	I .	70.00	
Pataskala	0	11	43062	0 3	0 2			70.00	
Full Name of Contributor Registration Number, if PAC									
Sheryl Hutton	D 1	vr/O - ·	ation/Lohor Organi	<u> </u>			Form (Cash, Chec	k etc.)	
Street Address	Employer/Occupation/Labor Organization*							m, ctc.)	
5272 Apple Ridge Pl		ntc.	7 in Code	М	l n	Y	check Amount		
City YAYaabaawai Ha		ate	Zip Code		D	1 1	Amount	80.00	
Westerville	0	11	43061	0 3		1 0	<b>1</b>	00.00	
Full Name of Contributor				registra	aon nun	noer, II Pi	ne .		
Linda Simpson	In	x/O-	ation/Labor O	<u> </u>			Form (Cash, Chec	k etc \	
Street Address	Employer/Occupation/Labor Organization*					1		.a, cw.j	
330 Heil Dr			Trin Code	T 34		Y	check Amount		
City	1 _	ate H	Zip Code	M	D	1	1	E0.00	
Gahanna	10	11	43230	0 3	0 2		A CONTRACTOR OF THE PARTY OF TH	50.00	
Full Name of Contributor Registration Number, if PAC									
Thomas Miles	- In .	10	with Rule On the Control	- Incommence	<del>Marian and A</del>		Form: /C -1 - C	de of a	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	uk, etc.)	
7128 Diley Rd	4		17:- 0-3	1 12	T	1 37	check	······································	
City	1 -	ate	Zip Code	M	D	Y	Amount	00.00	
Canal Winchester	10	H	43110	0 3	and an arrange of the Contraction of the Contractio	AND DESCRIPTION OF THE PARTY OF	1	83.00	
Full Name of Contributor				Kegistra	uon Nur	nber, if Pa	M		
Susan Clement	<u> </u>	10	() B ()	<u></u>		erimintolmogy, cles	Tr	energy week and the second	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
105 Wlacreek Dr W			77:- 0-1:	7 77	1 -	1 17	check		
City	l _	tate	Zip Code	M	D	Y	Amount	E0 00	
Gahanna	10	H	43230	0 3		THE PERSON NAMED IN COLUMN TWO	<u> </u>	58.00	
Full Name of Contributor				Kegistra	uon Nur	nber, if Pa	AL		
Mary Friedrich	- In :	. 10	ation/Labor Organization*	<u> </u>		special construction	E (C 1 ~	sle -40 V	
Street Address	Employe				Form (Cash, Chec	ck, etc.)			
1876 Chateaugay Way			[T] O. 1	1	1	1 77	check		
City	i	tate	Zip Code	M	D	Y	Amount	E0.00	
Blacklick	10	H	43004	0 3	CONTRACTOR OF THE PARTY OF THE	echanica maio marco	- Andrewson and the second second	50.00	
Full Name of Contributor Registration Number, if PAC									
Laura Rogers	- T	- ,				***************************************	7	**************************************	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
36 Winthrop Rd						<del>T - 2</del>	check		
City	_	tate	Zip Code	M	D	Y	Amount	E0.00	
Columbus		H	43214	0 3	0 2	1 0	1	50.00	

\* 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 \$ 501.00