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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			***************************************			**************************************	
Name of Committee in Full							
Citizens for Quality Schools				Registration Number, if PAC			
Full Name of Contributor			Kegistra	nion Nun	ioer, ii P <i>i</i>	10	
Marvin Ferguson	Ir. v	and a first Occasion of the		NICOLONIA DE LA CONTRACTORIO		E (C1- O	aale ata \
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
617 High St			1	1		check	
City Plantital	State H	Zip Code	M	D	Y	Amount	75.00
Blacklick	OH	43004	0 3				75.00
Full Name of Contributor			Kegistra	ition Nun	iber, if P/	10	
Gregory Bird	E-malayar/Oaay	notion/Labor Organization*	_L			Form (Cash, Ch	ank ata \
Street Address	Employer/Occu	pation/Labor Organization*			1		icen, tile.j
PO Box 3274	Ctata	Tin Code	М	D	Y	check Amount	
City	State O H	Zip Code	1 .	1	1	Amount	100.00
Dublin Full Name of Contributor	OH	43016	0 3	alan manada sa arang	1 0	L	100.00
			registra	etion inum	1001, 11 17	10	
Bird/Houk Collaborative Street Address	Employer/O	nation/Lahor Organization*				Form (Coch Ch	ack etc.)
	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
600 Creekside Plaza	State	Zip Code	М	D	Y	check Amount	
Cohoma		1 '	1	1	1 .	Antount	200.00
Gahanna Full Name of Contributor	0 H	43230	0 3		1 0	A.C.	200,00
			vehing	auon inun	1001, II P	10	
Rita Cook Street Address	Employer/Occor	mation/Labor Organization*	_ L	ii danka interioria	S. D. ent	Form (Cash, Ch	eck etc.)
	Employer/Occupation/Labor Organization*					1	icon, eic.)
44 Shepherd Dr SW	State	Zip Code	М	D	ΙΥ	check Amount	
	1	43062	0 3	1	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0$	ranount	10.00
Pataskala Full Name of Contributor	O H	43004	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	NAMES OF TAXABLE PARTY.	I U nber, if Pa	A.C	10.00
			registi s	acion inun	1061, II F	10	
Marie Amburgey Street Address	Employer/Occo	mation/Labor Organization*		in the same of the same of		Form (Cash, Ch	neck etc)
	Employer/Occu	Employer/Occupation/Labor Organization*				check	100n, 010. j
5797 Sharet Dr City	State	Zip Code	М	D	Y	Amount	
I *	OH	43119	$\begin{vmatrix} \mathbf{M} \\ 0 \end{vmatrix} 3$	1 .	1	ı	6.00
Galloway Full Name of Contributor		1 43117	Control Control Control Control		nber, if P.		0.00
			icogisti	acion isun			
Street Address	Kimberly Karshner reet Address Employer/Occupation/Labor Organization*						neck etc.)
	Employer/Occi		Form (Cash, Check, etc.) check			ioon, oic.j	
286 Triumph Way	State	Zip Code	М	D	ΙΥ	Amount	
Gahanna	OH	43230	0 3	1	1		22.00
Full Name of Contributor	10111	1 10400		and the second second	nber, if P.	A	<u> </u>
To Wilhelmsen			1.081001		, 11 1		
Street Address	Employer/Occu	pation/Labor Organization*	L			Form (Cash, C)	neck etc.)
8001 Duncan Plains Rd	Employor occupation Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Alexandria	OH	43001	0 3	1 .	1 .	- Showit	40.00
Full Name of Contributor		1 10001	THE REAL PROPERTY.	THE RESERVED TO SHARE THE PARTY OF THE PARTY	nber, if P.	AC	70.00
Brian Danforth			106,30				
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Cl	neck, etc.)
560 Rocky Fork Blvd					check		
City	State	Zip Code	M	D	ΙΥ	Amount	
Gahanna	OH	43230	0 3	1 .	1	1	50.00
equired for contributions from individuals over \$100 to statewide						d the name of the	

Page Total \$ 503.00

^{*} 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)]