

Statement of Contributions Received

Prescribed by Secretary of State 3/05

No. of the second								
Name of Committee in Full								
Citizens for Quality Schools Full Name of Contributor				In		1 '00'		
				Registra	ation Num	iber, if PA	C	
Mark Miller	Ir ,	/0	allow for the control of the control	L			F (0 1 01 1 1 1 1	
Street Address	Employer	/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)	
608 Sycamore Mill Dr	- Co-		7:- C-1:	Lv	LB	T 37	check	
	Sta	H	Zip Code	M	D	Y	Amount 100 (^^
Gahanna Full Name of Contributor	0	11	43230	1 0	0 4	1 0	100.0	<u> </u>
				Registia	ation Nuit	iber, ii PA		
Mark Miller Street Address	Ir	(Oaanna	ation/Labor Organization*				Form (Cash, Check, etc.)	
	Employer	/Оссира	mon/Laoor Organization					
608 Sycamore Mill Dr	Sta		Zip Code	М	I D	ΙΥ	check Amount	
		Н	43230	1	1	1		ΛΛ
Gahanna Full Name of Contributor	0	1 1	43230		0 4 ation Num			UU
				Registra	ation ivum	10er, 11 PA	.C	
Edward Thomas Street Address	F1	/O	stian (Labor Oscanization*				F/C	
	Employer	/Осспра	ation/Labor Organization*				Form (Cash, Check, etc.)	
5944 Havens Corners Rd	C+-	-	Zip Code	Тм	D	Гү	check	
	Sta	Н	43230	1			Amount	ΛΛ
Gahanna Full Name of Contributor	0		43230		0 4 ation Num	1 0	50.0	JU
Karen Winkle				Registr	atton Muni	iber, ir rA	·C	
Street Address	Employer	(Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
201 Farm Creek Dr	Employer	/Occupa	MODELADOI Organization				check	
City	Sta	•	Zip Code	Тм	D	Y	Amount	
Gahanna		Н	43230	1 0	1 .	1 0	40.0	ΛΛ
Full Name of Contributor	101		43230		TO 4 ation Num			JU
Margaret Scott				Kegisiik	acion rium	ioci, ii i m	.c	
Street Address	Employer	/Occupa	ntion/Labor Organization*	<u> </u>		-	Form (Cash, Check, etc.)	
195 Rivers Edge Way	Employer	оссира	ations 20001 Organization				check	
City	Sta	1e	Zip Code	Тм	D	Y	Amount	
Gahanna	loï	H	43230	1 0	1 .	$1 \mid 0$	40.0	በበ
Full Name of Contributor	101		10200		ation Num			50
Sarah Fairchild						,		
Street Address	Employer	/Оссира	ntion/Labor Organization*				Form (Cash, Check, etc.)	
170 S Huron Avenue		•					check	
City	Sta	te	Zip Code	M	D	Y	Amount	_
Columbus		Н	43204	1110	0 4			กก
Full Name of Contributor	10				ation Num			50
Kathryn Anderson								
Street Address	Employer	/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)	
3259 Vinton Park Place		•	-				check	
City	Sta	te	Zip Code	М	D	Y	Amount	
Hilliard	101	Н	43026	1 0	0 4	1 0	60.0	00
Full Name of Contributor	!				ation Num			
Rod Calloway								
Street Address	Employer	/Оссира	tion/Labor Organization*	-			Form (Cash, Check, etc.)	_
8751 Canada Ct							check	
City	Sta	ie	Zíp Code	М	D	Y	Amount	
Reynoldsburg	01	Н	43068	1 0	0 4	1 0	100.0	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 \$	530.00
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