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Statement of Contributions Received

Prescribed by Secretary of State 3/05

								Na Carte Spring and Car
Name of Committee in Full								
Citizens for Quality Schools					idikasinya materiala			
Full Name of Contributor				Registra	tion Nun	nber, if PA	AC	
Christine Henry			U-11.					
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
3698 Earl Drive							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus		Н	43219	0 3				80.00
Full Name of Contributor				Registra	tion Nun	nber, if PA	AC .	
Victoria Franklin								
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
9219 Johnstown Utica Rd							check	
City	St	ate	Zip Code	M	D	Y	Amount	
Johnstown	0	H	43031	0 3	0 2	1 0		25.00
Full Name of Contributor				Registra	tion Nun	nber, if PA	AC.	
William Colemann III				1				
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
7087 Shetland St							check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columnbus	0	Н	43235	0 3	0 2	1 0		30.00
Full Name of Contributor		*************************		THE RESERVE OF THE PERSON NAMED IN	The second second	ber, if P/	AC .	
Heather Haringa								
Street Address	Employe	г/Оссир	ation/Labor Organization*	- Branco	W6240		Form (Cash, Chec	k. etc.)
13540 sudbury Rd NW					check			
City	St	ate	Zip Code	M	D	Y	Amount	
Pickerington	0	Н	43147	0 3	1	1 0		40.00
Full Name of Contributor	1	######################################	TOTAL	and agreement the contract of	the contract of the contract o		AC.	10.00
Full Name of Contributor Cathalee Kankiewicz								
Street Address	Employe	r/Occup	ation/Labor Organization*	<u> </u>	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	-	Form (Cash, Chec	k etc)
222 Highmeadow Dr			aware Edge of Guilley (101)				check	κ, οιο. γ
City	Sta	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230	0 3	i .	1 0	Amount	75.00
Full Name of Contributor			10200		THE PERSON NAMED IN COLUMN	CONTRACTOR OF THE PARTY OF	C	75.00
Full Name of Contributor Registration Number, if PAC Ann Griffith								
Street Address	Employe	r/Occuns	ation/Labor Organization*	L			Form (Cash, Chec	(ata)
7256 Whispering Oak	Employer/Occupation Eabor Organization							
City	Sta	ate.	Zip Code	Тм	D	ΙΥ	check Amount	
Sylvania	0	Н	43560			1	Amount	40.00
Full Name of Contributor		* ^	1 43300	THE PERSON NAMED IN COLUMN TWO	Charles and the Control of the Contr	1 0		40.00
Betsy Hussey				Registra	KIOH NUH	ibei, ii r	ic .	
Street Address	Employe	-/0	ation/Labor Occasion#	<u></u>			E. (0.1.0)	
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
730 Ardaugh Ct ^{City}			Ia: 0 1	1 37	1		check	
	Sta		Zip Code	M	D	Y	Amount	
Dublin		Н	43017	0 3	And the second second	1 0		85.00
Full Name of Contributor Registration Number, if PAC								
Barbara Nose								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
137 S Virginia Lee Rd	<u> </u>		I	·	·		check	
City	Sta		Zip Code	M	D	Y	Amount	
Columbus	O	Н	43209	10 3	0 2	1 0		100.00

* 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 \$	475.00