

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							_
Citizens for Quality Schools							
full Name of Contributor			Registration Number, if PAC				
Clarice Yoder			ľ		·		
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	-
3200 Mann Rd	ampio, an occup					check	
City	State	Zip Code	M	D	Y	Amount	-
Blacklick	OIH	43004	0 3	2 4		30.	വ
Full Name of Contributor	0 1 22	1 43004					.00
Full Name of Contributor Registration Number, if PAC IIIl Schuler							
Street Address	Employer/Occup	ation// abor Organization*	L			Form (Cash, Check, etc.)	
	Employer/Occupation/Labor Organization*			check			
88 Highmeadow	State	Zip Code	М	D	Y	Amount	
		1 -	1	(.)	f	1	00
Columbus	OH	43230	013	2 4	1 1	100.	.00
Full Name of Contributor Registration Number, if PAC							
Tracy Vaccani	Tr	-si0 also Oruspisoti - u*				Form (Cash, Check, etc.)	
Street Address	Employer/Occup	ation/Labor Organization*					
417 Hamilton Rd	Shirt	2:- 0-1-	1 14	- n	Y	check	
City	State O H	Zip Code	M	D	1	Amount 4.0	00
Gahanna Full Name of Contributor	0 H	43230	0 3		1 1 ber, if PA		.00
1			Kegistra	tton ivum	вет, п РД	C	
Justin Sanford	TE 1 10					Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*						
1748 Harrison Pond Dr		In: O i	1.57	1		check	
City	State	Zip Code	M	D	Y	Amount	00
New Albany	O H	43054	0 3	2 4	1 1		.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Robin Murdock							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	ı		
1055 Arcaro Dr				,		check	
City	State	Zip Code	M	ם	Y	Amount	
Gahanna	<u> </u>	43230	013	2 4	1 1		.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Sue Everhart	1		<u> </u>			r	
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	*
6500 Eagle Point Court				,	·	check	
City	State	Zip Code	M	D	Y	Amount	
Blacklick	OH	43004			1 1		.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Patricia Smith	_						
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	•
812 Riva Ridge Blvd						check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	$O \mid H$	43230	0 4				.00
Full Name of Contributor Registration Number, if PAC							
Robert Keidan							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	,		
1423 Windrush Cir						check	
City	State	Zip Code	М	D	Y	Amount	
Blacklick	_ O H	43004	0 4	0 6	1 1	20	.00.

Page Total \$	330.00

^{*} 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)]