Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	<u></u>		B.				***************************************
8							
Citizens for Quality Schools Full Name of Contributor			Registra	tion Num	her if DA	\C	
			negisua	ituili	, 11 FF		
Ellen Schultz	Empley 10	unation/Labor Oron-is-ti*		***************************************	***************************************	Form (Cash, Che	ck etc.)
Street Address	Employer/Oct	cupation/Labor Organization*				1 .	on, 010.)
333 Sycamore Ridge Way		Zin Cad	1 17	7		check	***************************************
Cahanna	State	Zip Code	M	0 2	1 0	Amount	ፎይ ሰሰ
Gahanna	O F	1 43230		tion Num	1 0	l C	58.00
Full Name of Contributor			Registra	aon num	ioci, II P	10	
Virginia Davis	P1. (C	unotion (I ab O-: 1 d		X		Form (Cash, Che	ok etc.)
Street Address	Employer/Oct	cupation/Labor Organization*				1	.c., o.c.)
618 Shadewood Dr		7.01		<u> </u>	- , , -	check	
City	State	Zip Code	M	D	Y	Amount	05.00
Gahanna	O F	1 43230	0 3		10		85.00
Full Name of Contributor			Registra	tion Num	oper, if PA	4C	
Barbara Hendershot				projentancententan	(magamanama	Transition of the second	
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Che	eck, etc.)
4217 Caswell Road				·		check	
City	State	Zip Code	М	D	Ý	Amount	<u> </u>
Johnstown	0 1	1 43031	CANADA CONTRACTOR AND	0 2	1 0		25.00
Full Name of Contributor			Registra	ition Nun	ber, if P	AC	
Renee Snyder	***************************************			1100000000000000000	muchanean	Paratronia de la companya del companya de la companya de la companya del companya de la companya	-
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Che	eck, etc.)
7030 Breckton Pl				·		check	
City	State	Zip Code	М	ď	Y	Amount	
New Albany	OF	43054	0 3		1 0		45.00
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Gail Tanner			L				T000000
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Che	ck, etc.)
7855 Clark State Rd						check	
City	State	Zip Code	М	D	Y	Amount	
Blacklick	OLE	43004	0 3	0 2	1 0	<u> </u>	50.00
Full Name of Contributor				tion Nun	THE PERSON NAMED IN COLUMN	A	
Devin Walsh							
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Che	eck, etc.)
3810 Dorko Ct						check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	0 1	. '	0 3	0 2	1 0		60.00
Full Name of Contributor				ation Nun		Anniel and the second of the second of the second	
Carolyn Bolin							
Street Address	Employer/Oc	cupation/Labor Organization*	<u>a</u>		******	Form (Cash, Cho	eck, etc.)
6160 McNaughten Grove Lane						check	•
City	State	Zip Code	M	D	Y	Amount	
Columbus	OIF	1 -	0 3	l l	1 0	I	80.00
Full Name of Contributor				ation Nun		AC	~~~~
Susan Edwards			1		,		
Street Address	Employer/Oc	cupation/Labor Organization*		***************************************	***************************************	Form (Cash, Che	eck, etc.)
267 Carlin Ct		,				check	, ··· ,
267 Cariffi Ct	State	Zip Code	М	D	Y	Amount	
· -	O	E -	0 3	1	1	1	85.00
Gahanna		* 4JZJU	1013	1012	LILU	1	00.00

Page Total \$	488.00

^{*} 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)]