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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

				<del>and the second </del>	***************************************		******************************	Contrary Contrary		
Name of Committee in Full										
Citizens for Quality Schools										
Full Name of Contributor					Registration Number, if PAC					
David Perkins	<u> </u>		2 8 1 0 2 2 2	<u> </u>			F (C 1 C'	-14.		
Street Address	Employer/O	ccupat	tion/Labor Organization*				Form (Cash, Che	eck, etc.)		
294 Broken Arrow Rd		r		-1-17	T :	,	СС			
City	State		Zip Code	M	D	Y	Amount	10.00		
Gahanna		1	43230	0 3	The second second	The second second		10.00		
Full Name of Contributor				Registr	ation Nun	iber, if PA	AC.			
Laura Herzog	<u> </u>					en and a particular section of the s	r (C 1 CL			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
324 Highbury Crescent			7' 0 1	1	1 5	T V	CC			
City	State		Zip Code	M	D	Y	Amount	10.00		
Gahanna		H	43230	0 3	3 0 ation Nun	drewn warmen		10.00		
Full Name of Contributor				Registr	ation Nun	noer, ii PA	AC.			
Lori Smith	In. V. 10		i /I -h Onoii*	<u> </u>			Form (Carle Cl.	aak ata \		
Street Address	Employer/O	ccupat	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)		
396 Armor Hill Dr		T	7: 0.1	T 14	1 5	Y	CC			
City	State	н	Zip Code	M	D	1	Amount	10.00		
Gahanna Full Name of Contributor	0 1	1 1	43230	0 3	3 0 ation Nun			10.00		
				Registi	ation ivun	aber, ii rz	AC			
Tracy Heller	Ir1/0		6 - 6 - h - 0 i - si - *	<u> </u>			Form (Cook Ch	ools ato		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check				
963 Timothy Ct	Cuti	T	7'. 0.1.	M	D	ΙΥ	CC Amount			
City	State	н	Zíp Code	1		1 .	Amount	5.00		
Gahanna Full Name of Contributor	O		43230	0 3	3 0	10		5.00		
				Registi	ation ivui	noer, it ra	AC			
Susan Grafe	Ir1/0		tion / about Overnination*		MANAGEMENT OF THE PROPERTY OF		Form (Cosh Ch	ook oto)		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
481 Clotts Rd	State	—т	Zip Code	М	T D	Y	CC Amount			
City	1	н	,	1	1 .	1	Amount	E 00		
Gahanna Full Name of Contributor	101		43230	0 3	ation Nur	ANALISM STATE	A.C.	5.00		
				Kegisti	ation ivui	noci, ii i i	AC			
Phyllis Kingsley reet Address Employer/Occupation/Labor Organization*							Form (Cash, Ch	eck etc.)		
	Employer/Occupation/Labor Organization						B .	oon, ore.		
1025 Ridge Crest Drive	State		Zip Code	М	T D	ΙΥ	CC Amount			
	1	нΙ	43230	0 3	1 .	1		25.00		
Gahanna Full Name of Contributor			40200	WAY A THE A PLANTING OF	ation Nur	- Inches		20.00		
Christy Kanz				Trogisa.	ution i vai					
Street Address	Employer/O	ccuna	tion/Lahor Organization*	_L	000000000000000000000000000000000000000	topografiya makkar	Form (Cash, Ch	eck etc.)		
824 Ridenour Rd	Employer/Occupation/Labor Organization*						СС	,,		
City	State		Zip Code	М	D	Y	Amount			
Gahanna	1	н	43230	0 3	1 .			20.00		
Full Name of Contributor			"IJ 4JU		ration Nur		AC	۷۵,00		
				1						
Toinette Wills Street Address	Employer/O	ccups	tion/Labor Organization*		***************************************		Form (Cash, Ch	neck, etc.)		
469 Beaverbrook Drive	Zimpioyetro	vupa	Duoor o. Buildallon		1			,,		
City	State		Zip Code	М	D	Y	CC Amount			
Gahanna	<u> </u>	н	43230	0 3	1 .	1 .	1	10.00		
equired for contributions from individuals over \$100 to statewide				With the second second	anning and making a series		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	production of the contraction of		

Page	Total	\$	95.00
		•	23.00

<sup>\*</sup> 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)]