

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Quality Schools						
Full Name of Contributor		•••	Registra	tion Num	ber, if PA	С
Jeremy Kokales						
Street Address	Employer/Occup	nation/Labor Organization*				Form (Cash, Check, etc.)
42 <u>00</u> Johnstown Rd						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	0   H	43230	0 9	2 9	1 0	30.00
Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA	С
Kathryn McCormick						
Street Address	Employer/Occup	nation/Labor Organization*			-	Form (Cash, Check, etc.)
1080 Brimley Place		•				check
City	State	Zip Code	М	D	Y	Amount
Westerville	ОІН	43081	lala	2 9		70.00
Full Name of Contributor	101	1 10001			ber, if PA	
Julia Gricar			Trog.sau		,	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
314 Farm Creek Drive	Zimpioyen Geenp	atton Ender Organization				check
City	State	Zip Code	I M	D	Y	Amount
		1 '	i .	l .		
Gahanna Full Name of Contributor	OH	43230	0 9		1 0 ber, if PA	75.00
			Registra	non Num	ber, ii PA	C
Sharon Foster	In 1 (0					F (6   0   1   )
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
6522 Mount Royal Ave		1			,	check
City	State	Zip Code	M	D	Y	Amount
Westerville	OH	43081	0 9	2 9	1 0	75.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
David Palguta						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2687 Northmont Dr						check
City	State	Zip Code	М	D	Y	Amount
Blacklick	O   H	43004	0 9	2 9	1 0	90.00
Full Name of Contributor			Registra	tion Num	ber, if РА	С
Reba Powers						
Street Address	Employer/Occup	ation/Labor Organization*			•••	Form (Cash, Check, etc.)
4490 Shull Rd						check
City	State	Zip Code	М	D	Y	Amount
Gahanna	OH	43230	0 9	2 9	1 0	90.00
Full Name of Contributor	• ,,,,				ber, if PA	
Susan Mattingly			İ			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
8088 Bellow Park Dr		-				check
City	State	Zip Code	М	D	Y	Amount
Reynoldsburg	ОІН	43068	019	2 9	1 0	30.00
Full Name of Contributor		1 10000			ber, if PA	
Leslie Tanchevski					,	
Street Address	Employer/Occurs	pation/Labor Organization*				Form (Cash, Check, etc.)
1131 Gwyndale Dr	' '					check
City	State	Zip Code	М	D	Y	Amount
New Albany	0   H	43054	- 1	2 9		80.00
11C17 1110uity	101=-		1012	1412		

\* 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 S	540.00