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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Est CO	***						
Name of Committee in Full							
Citizens for Quality Schools			****				
Full Name of Contributor				Registration Number, if PAC			
Marcia Sweet							
Street Address	Employer/Oc	cupation/Labor Organization*			Form (Cash,	Check, etc.)	
1270 Venetian Way					check		
City	State	Zip Code	М	D Y	Amount	······	
Gahanna	1 O F	43230	0 3 (	0 2 1	0	70.00	
Full Name of Contributor			Registratio	on Number,	if PAC	and the second s	
Linda Hoffman							
Street Address	Employer/Oc	Colores de la co	MANAGE AND THE PARTY OF THE PAR	Form (Cash,	Check, etc.)		
1224 Darcann Dr					check		
City	State	Zip Code	М	D Y			
Columbus	0   1	43220	0 3 (	0 2 1	0	100.00	
Full Name of Contributor			VIII TO THE PARTY OF THE PARTY	on Number,	A CONTRACTOR OF THE PROPERTY O	100.00	
Kimberly Thomas			ľ	,	-		
Street Address	Employer/Occ	cupation/Labor Organization*		<u> </u>	Form (Cash	Check etc.)	
6548 Warriner Way	,			check	Form (Cash, Check, etc.)		
City	State	Zip Code	М	DIY	<del></del>		
Canal Winchester	OIL		1	. 1		00.00	
Full Name of Contributor		43110	0 3 (	Contract of the last of the la	0	80.00	
Cheryl Ramey			Registratio	on Number,	II PAC		
Street Address	Employer/On	cupation/Labor Organization*			E (0.1		
	Employer/Occ				Check, etc.)		
85 Broodsedge Dr <sub>City</sub>			check				
*	State	Zip Code	1	D Y	. 1		
Pataskala Full Name of Contributor	O F	43062	0 3 (		termination de la companya del companya del companya de la company	75.00	
			Registratio	on Number,	if PAC		
Bonita Azeltine							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash,	Form (Cash, Check, etc.)	
564 Clotts Rd					check		
City	State	Zip Code	М	D Y			
Gahanna	O F	43230	0 3 0	0 2 1	0	35.00	
Full Name of Contributor			Registratio	on Number,	if PAC		
Benjamin Cullivan							
Street Address	Employer/Occ			Form (Cash,	Check, etc.)		
428 Preservation Lane					check		
City	State	Zip Code	М	D Y			
Gahanna	0 H	43230	0 3 0	0 2 1	[0]	50.00	
Full Name of Contributor			Name and Address of the Owner, which the	on Number,	And the second name of the second		
Dwayne Marshall							
Street Address	Employer/Occ	upation/Labor Organization*			Form (Cash,	Check etc.)	
7843 Fairfax Loop Dr			check				
City	State	Zip Code	M	D Y			
Blacklick	OH	. F	1 . 1	0 2 1	0	75.00	
Full Name of Contributor		1 1000	THE RESERVE OF THE PARTY OF THE	on Number,	the state of the s	75.00	
Kellie Bommer			registratio	ni inuilloct,	H FAC		
Street Address	Employee/O	unation/Labor O	<u> </u>	//////////////////////////////////////	F (0	01	
	Employer/Occupation/Labor Organization*			Form (Cash, Che			
925 Venetian Way		12: 0 :			check		
City	State	Zip Code	1 . 1	D Y			
Gahanna	O   H	43230	0 3 0	$0 \mid 2 \mid 1 \mid$	0	38.40	

\* 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 Tota	1 \$	523.40