

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 Num	ber if PAC	
Cheryl Lowery			regishation run	bol, il i ne	
Street Address	Employer/Occu	pation/Labor Organization*		For	m (Cash, Check, etc.)
6000 Whitman Rd	Emproyer, 940a	parious Spoot Organization			check
City	State	Zip Code	M D	, .	ount
Columbus	O H	- I	1004		100.00
Full Name of Contributor		10210	Registration Num	ber, if PAC	100.00
Johnel Amerson			C	,	
Street Address	Émployer/Occu	pation/Labor Organization*	<u> </u>	For	m (Cash, Check, etc.)
6314 Downing Ln		•			heck
City	State	Zip Code	M D		ount
Columbus	ОІН	43230	1 0 0 4	1 0	80.00
Full Name of Contributor	1 -		Registration Num		00.00
Michael Cebriak					
Street Address	Employer/Occu	pation/Labor Organization*		Fоп	m (Cash, Check, etc.)
361 Westerdale Dr					check
City	State	Zip Code	M D		ount
Gahanna	O H	43230	1004	1 0	50.00
Full Name of Contributor		•	Registration Num	ber, if PAC	
Sherry Owens					
Street Address	Employer/Occu	pation/Labor Organization*		For	n (Cash, Check, etc.)
8325 Reynoldswood Dr					check
City	State	Zip Code	M D		ount
Reynoldsburg	0 H	43068	1 0 0 4	1 0	50.00
Full Name of Contributor			Registration Num	ber, if PAC	,
Rebekah Rice					
Street Address	Employer/Occu	pation/Labor Organization*			m (Cash, Check, etc.)
189 Greenbank Rd					check
City	State	Zip Code	M D	1	ount
Gahanna	O H	43230	1 0 0 4		30.00
Full Name of Contributor			Registration Num	ber, if PAC	
Morgan Assmann		<u> </u>			
Street Address	Employer/Occu			n (Cash, Check, etc.)	
2437 Berwick Blvd					check
City	State	Zip Code	M D		ount
Columbus	O H	43209	1 0 0 4		100.00
Full Name of Contributor			Registration Num	ber, if PAC	
Andrea Oquin	Te (10				
Street Address	Employer/Occu	pation/Labor Organization*			π (Cash, Check, etc.)
7326 State Route 19, Box 0805	e.	12° C.1	Ty To		heck
	State O H	Zíp Code	M D		ount EO OO
Mount Gilead Full Name of Contributor	O H	43338	1 0 0 4 Registration Num		50.00
Jennifer Hawkins			registration inum	oer, ii r'AC	
Street Address	EmployariOcorr	pation/Labor Organization*	L	Ear	n (Cash, Check, etc.)
676 Clark State Rd	Limployet/Occu	Employer Occupation Dator Organization			heck
City	State	Zip Code	M D		ount
Gahanna	O H	43230	1004		50.00
Cartairia	0 1 11	40200	[110]014	Tin	50.00

* 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)]

Page Total \$ 510.00