160.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	-				
Citizens for Quality Schools			The state of the state of	- 10040	· · ·
Ill Name of Contributor			Registration Number, if PAC		
Danielle Blanke					'ach Chaol
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
70 N Hempstead Rd		<u> </u>			eck
City	State	Zip Code	M D	Y Amount	
Westerville	OIH	43082	V 1 2 2	1 1	15.00
Full Name of Contributor			Registration Number	er, if PAC	
Ion Grundlisch					
Street Address	Employer/Occupation/Labor Organization*				Cash, Check, etc.)
6805 Condit Rd				che	eck
City	State	Zip Code	M D	Y Amount	
	OIH	43011	0 4 2 1	1 1	20.00
Centerberg Full Name of Contributor			Registration Number	er, if PAC	
			ı		
Penelope Ellsworth Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
	Timpley on Octobaldate Buoof Organization				eck
5188 Locust Post Lane	State	Zip Code	M D	Y Amoun	
City	O H	43230	0 4 2 1	1 1	20.00
Gahanna	10111	1 40400	Registration Numb		20.00
Full Name of Contributor			Stagistianon (1000)		
Georgia Siegel	F1 70	varion/Labor Occupiention*	<u>L</u>	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*				eck
279 McKenna Creek Drive		T2:- C 1	M D	Y Amoun	
City	State	Zip Code	t t		
Gahanna	O H	43230	0 4 2 1	1 1	25.00
Full Name of Contributor			Registration Numb	er, it PAC	
Lauren Martin					Code Classics
Street Address	Employer/Occupation/Labor Organization*				Cash, Check, etc.)
4143 Appleleaf Drive					eck
City	State	Zip Code	M D	Y Amour	
Columbus	OIH	43230	0 4 2 1	1 1	20.00
Full Name of Contributor			Registration Numb	er, if PAC	
Molly Hofmeister			L		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Chec	
339 22nd St NW				ch	.eck
City	State	Zip Code	M D	У Атош	
Canton	0 н	1 '	0 4 2 1	111	20.00
Full Name of Contributor			Registration Numb	er, if PAC	
Frances Flowers					
Frances Flowers Street Address	Employer/Occu	ipation/Labor Organization*		Form ((Cash, Check, etc.)
	Lamping of Overlyanion Duori Organization				ieck
1068 Hurley Ct	State	Zip Code	M D	Y Amou	
City			0 4 2 1	1 1	20.00
Gahanna	O H 43230 0 4 2 1 1 1 1 1 1 1 1 1				20.00
Full Name of Contributor			reference Munt		
Karen Hammond	Ir., dec. (6)	ipation/Labor Organization*		Form	(Cash, Check, etc.)
Street Address	Employer/Occu		check		
4432 Wrens Nest Drive		7:- 0 -1	M D	Y Amou	
City	State	Zip Code		1 1 1 Amou	20.00
New Albany	<u> </u>	1000	0 4 2 1	- ~	

[•] 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 \$