D	63
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				Control of the Contro		
Name of Committee in Full						
Citizens for Quality Schools			and the second s	•		
Full Name of Contributor			Registration Num	ber, if PA	AC .	
Jennifer McClary						
Street Address	Employer/Occu	upation/Labor Organization*			Form (Cash, Check, etc.)	
1639 Ross Rd				,	cash	
City	State	Zip Code	M D	Y	Amount	
Sunbury	O H	43068	0 3 1 5	1 0	50.00	
Full Name of Contributor			Registration Num	iber, if PA	AC.	
Solomon Wondayehu				*****************		
Street Address	Employer/Occi			Form (Cash, Check, etc.)		
356 Shell Ct W	0	I7: 0.1	1 1 1 5	T V	Cash Amount	
City	State H	Zip Code	MD	Y		
Columbus Full Name of Contributor	OH	43213	0 3 1 5 Registration Nun	Company of the Compan	20.00	
			Registration Nun	10er, 11 PA	AC .	
Mike Fritz Street Address	JEI/O				Form (Cash, Check, etc.)	
	Employer/Occi	upation/Labor Organization*				
871 Poppy Hills Dr	Ctata	Zip Code	M D	Y	check Amount	
City DI1.1:-1.	State	1 '		1	100.00	
Blacklick Full Name of Contributor	10 H	43004	0 3 1 5 Registration Nun	THE REAL PROPERTY AND PERSONS ASSESSMENT OF THE PERSONS ASSESSMENT OF		
8			icegistration ivui	1001, 11 17		
Meredith Sweatland Street Address	IEmployer/Occ	upation/Labor Organization*	L		Form (Cash, Check, etc.)	
	Employer/Occi		check			
6265 Sonewalk Ln	State	Zip Code	MD	Y	Amount	
	OH		0 3 1 5	1 .	50.00	
New Albany Full Name of Contributor		1 43034	Registration Num		&	
Tan i Marie de Commente.			Rogisa attori i van	11001, 11 1 2		
Maryann Handley Street Address	Employer/Occ	upation/Labor Organization*			Form (Cash, Check, etc.)	
	Employer	upation babor organization			check	
7120 Connaught Dr	State	Zip Code	M D	ΙΥ	Amount	
l ·	O H	1 '	0 3 1 5	1 .	50.00	
New Albany Full Name of Contributor		1 40004	Registration Nur	THE PROPERTY OF THE PARTY OF		
Tracie Clay						
Street Address	Employer/Occ	upation/Labor Organization*		***************************************	Form (Cash, Check, etc.)	
394 Beecher Road	Z.iipio) tii oto				check	
City	State	Zip Code	M D	ΙΥ	Amount	
Gahanna	ОН	=	0 3 1 5	1 0	70.00	
Full Name of Contributor		1020	Registration Nur		TO SECURE OF THE CONTRACT OF T	
Matthew MacGregor						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
619 Havens Corners Rd					check	
City	State	Zip Code	M D	Y	Amount	
Gahanna	OH			1 0	1	
Full Name of Contributor			Registration Nut	CONTRACTOR OF THE PARTY OF THE		
Marcie Aiello			-			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6195 Anndina Ct				check		
City	State	Zip Code	M D	ΤΥ	Amount	
Hillard	OH	•	0 3 1 5	1 0	20.00	
equired for contributions from individuals over \$100 to statewing			THE RESERVE OF THE PROPERTY OF			

* 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 \$ 409.00