31-	À		
R.C.	351	7.	10

Page

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						·	
Citizens for Quality Schools Full Name of Contributor			Donistes	ion Numi	nor if DA	· · · · · · · · · · · · · · · · · · ·	
			Registia	tion Num	sei, ii FA	C	
Ashley Winner	TE1					F (G1 - Cl - 1)	
Street Address	Employer/Occuj	pation/Labor Organization*				Form (Cash, Check, etc.)	
3679 Preserve Crossing						cash	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43230		2 8		55.00	
Full Name of Contributor			Registrat	tion Numl	per, if PA	С	
Theresa Jones							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
5425 N Meadows Blvd						cash	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43229	019	2 8	1 0	40.00	
Full Name of Contributor				tion Num			
various under \$25							
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
						cash	
City	State	Zip Code	М	D	Y	Amount	
		Z.p code	0 9	l .	1 0		
Full Name of Contributor		<u> </u>		tion Num			
1	-!- ti o		Registra	don rum	oci, ii i ii	C	
Gahanna Jefferson Education Association Association Association		and the contractions				F (G1 - G) - 1 - (-)	
	1 ' '	pation/Labor Organization*				Form (Cash, Check, etc.)	
160 S Hamilton Rd		ganization				check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	O H	43230	0 9		$1 \mid 0 \mid$		
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Heidi Jones Beck							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
457 Park Overlook Drive						check	
City	State	Zip Code	М	D	Y	Amount	
Worthington	OH	43085	0 9	2 8	1 0	102.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Joshua Tolliver							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
837 Riva Ridge Blvd		-			•	check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	ОІН		lnia	2 8	1 ∆	60.00	
Full Name of Contributor	0 1 11	10200	Registra	tion Num	per if PA	C. 00,00	
Sandra Howard			T C GISCI			•	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
	ishipioyei/Occu,	pation/Labor Organization					
1067 Skinner Ave	State	7:- C- I-	- L v	l n	v	check	
Calabana	State O H	Zip Code	M	D	1 1 0		
Gahanna	O H	43230		2 8			
Full Name of Contributor			Registra	tion Num	per, it PA	C	
Heather Bailey-Lewis							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
2886 Cordella St						check	
City	State	Zip Code	М	D	Y	Amount	
Blacklick	O H	43004	0 9	2 8	1 0	25.00	

Page Total \$ 10,357.00

^{*} 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)]