Page <u>33</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

				2111				
Name of Committee in Full								
Citizens for Quality Schools		2-Andrewson				Carramono de	W44V201U0.	
Full Name of Contributor				Registra	tion Num	ber, if Pa	AC	
Jennifer Brown	····					DVD-00000000000000000000000000000000000		
Street Address	Employer	/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
5317 York Rd SW							check	
City	Sta	te	Zip Code	М	D	Y	Amount	
Pataskala	0	H	43062	0 3	0 2	1 0		73.60
Full Name of Contributor		***************************************		Registra	tion Num	ber, if P	AC	
Christina Connaughton								
Street Address	Employer	/Оссира	ation/Labor Organization*	- Service Control		***************************************	Form (Cash, Che	ck, etc.)
456 Howland Dr							check	
City	Sta	te	Zip Code	M	D	Y	Amount	
Gahanna	0	Н	43230	0 3	0 2	1 0		50.00
Full Name of Contributor		·····		THE RESERVE OF THE PERSON NAMED IN	tion Num	CONTRACTOR OF THE PERSON	AC	
Jennifer Young								
Street Address	Employer	Occupa	ation/Labor Organization*			N. C.	Form (Cash, Che	eck. etc.)
603 Brookside Dr		-	*				check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Columbus	0 1	Н	43209	0 3	1	1 0		50.00
Full Name of Contributor		Marine de la company			tion Num	1. 0	4 <i>C</i>	30.00
Erin Anderson				3.0		.,		
Street Address	Employer.	Occupa	ation/Labor Organization*	L	distinguished the second	-	Form (Coch Che	ok ato)
7074 Gable Stone In	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City	Stat	e	Zip Code	M	D	Y	check Amount	**************************************
New Albany	0	Н	43054	0 3			Amount	100.00
Full Name of Contributor			13034	THE RESERVE AND ADDRESS OF THE PERSONNEL PROPERTY ADDRESS OF THE PER	tion Num			100.00
Brian Marcus				Rogistia	uon rum	001, 11 17	10	
Street Address	Employer	Occupa	ation/Labor Organization*	<u> </u>	annes de la company	-	Form (Cash, Che	
484 S Westate Ave	Employer	Оссира	atton Labor Organization					ck, etc.)
City	Stat		Zip Code	М	D	- V	check	
Columbus	O	Н	43204	1 1		Y	Amount	E0.00
Full Name of Contributor			43204	0 3	CONTRACTOR OF COLUMN	1 0		50.00
Pull Name of Contributor Pegistration Number, if PAC Pegistration Number, if PAC								
Street Address	Employer	· · · · · · · · · · · · · · · · · · ·	stion // about Occasion #	<u> </u>			F (0 1 0)	-
3356 Canyon Rd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City	Stat		Zip Code	T 34	Б 1		check	
Granville	4	Н		M	D	Y	Amount	50.00
Full Name of Contributor		11	43023	0 3	0 2	$1 \mid 0$		50.00
Susan Hielkema				Registrat	tion Num	ber, if PA	AC.	
Street Address	1 5			<u> </u>	*****			***************************************
	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
236 Higbury Cres	ļ <u>.</u>			γ			check	
	Stat		Zip Code	M	D	Y	Amount	
Gahanna	O	H	43230	0 3	0 2	1 0		60.00
Full Name of Contributor				Registrat	ion Num	ber, if PA	AC .	
Mary Powell								West Control of the C
Street Address	Employer/	Оссира	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
109 Hogan Dr							check	
City	State		Zip Code	M	D	Y	Amount	
Pataskala	0	H	43062	0 3	0 2	$1 \mid 0$		70.00

* 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 \$	503.60
Page Total \$	503.60