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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

			•				
Name of Committee in Full							
Citizens for Quality Schools							
Full Name of Contributor				Registra	ition Nun	nber, if PA	AC .
Sue Youmans							
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
976 Sunlight Court							cash
City	Sta	ite	Zip Code	М	D	Y	Amount
Westerville	0	Н	43081	0 3	0 9	1 0	40.00
Full Name of Contributor				Registra	ation Nun	nber, if PA	\C
Lou Griffin							
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2737 Colts Neck Rd							cash
City	Sta	ite	Zip Code	М	D	Y	Amount
Blacklick	0	Н	43004	0 3		1 0	100.00
Full Name of Contributor				Registra	ation Nun	nber, if P	AC .
Dwight Carter						***************************************	
Street Address	Employe	г/Оссир	ation/Labor Organization*				Form (Cash, Check, etc.)
8942 Woodside St NW							check
City	Sta		Zip Code	M	D	Y	Amount
Canal Winchester	0	H	43110	0 3			130.00
Full Name of Contributor				Registra	ation Nun	nber, if Pa	4C
Elizabeth Spieth					***********		
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
357 Kanawha					<del></del>		check
City	Sta		Zip Code	M	D	Y	Amount
Lancaster		H	43130	0 3			125.00
Full Name of Contributor				Registr	ation Nur	nber, if Pa	AC .
anonymous donor under \$25	In I	10			owe o'Who person do		Form (Cash, Check, etc.)
Street Address	Employe	r/Occup	ation/Labor Organization*				1
C:	Sta		Zip Code	М	D	ΤΥ	cash Amount
City	30	ate	Zip Code	141			10.00
Full Name of Contributor				Pagietr	ation Nur	nber, if P.	
run vame of Condibutor				registi	acion i iui	noci, ii i	
Street Address	Employe	r/Occur	pation/Labor Organization*			***************************************	Form (Cash, Check, etc.)
Su cot realion	Dimploye	посоц	atton bacor organization				(5000, 5000, 500,
City	Sta	ate.	Zip Code	M	D	Y	Amount
c.i.y						li	
Full Name of Contributor				Registr	ation Nur	nber, if P.	AC
Street Address	Employe	r/Occup	ation/Labor Organization*	<u> </u>		<del></del>	Form (Cash, Check, etc.)
		-	_				
City	Sta	ate	Zip Code	М	D	ΤΥ	Amount
Full Name of Contributor				Registr	ation Nur	nber, if P	AC
Street Address	Employe	r/Occup	oation/Labor Organization*	R			Form (Cash, Check, etc.)
		•					
City	Sta	ate	Zip Code	М	D	Y	Amount
	0						
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\* 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	\$ 405.00