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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Quality Schools				nosamunas (legislas)	namanananananananananananananananananan	
Full Name of Contributor			Registra	tion Num	ber, if P	AC
Derek Straiton	<del></del>			- Alderson		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
225 Stonemast Loop		-ф				check
<sup>City</sup> Pataskala	State O H	Zip Code 43062	$\begin{bmatrix} M \\ 0 \end{bmatrix} 3$	0 2	$\begin{array}{c c} Y \\ 1 & 0 \end{array}$	Amount 100.00
Full Name of Contributor				tion Num	THE REAL PROPERTY AND PERSONS ASSESSED.	
Jessica Rupp						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
6692 Springview Dr						check
City	State	Zip Code	М	D	Y	Amount
Blacklick	OH	43004	0 3	0 2	1 0	15.00
Full Name of Contributor			orange in the contract of the	tion Num	CONTRACTOR OF THE PARTY OF THE	Association regard process as a second participation of the contract of the co
Samantha Knight						
Street Address	Employer/Occu	pation/Labor Organization*	- Accession and the con-		***************************************	Form (Cash, Check, etc.)
7792 Jefferson Run						check
City	State	Zip Code	M	Đ	Y	Amount
Blacklick	OH	43004	0 3	0 2	1 0	58.00
Full Name of Contributor				tion Num	WINDS OF THE PARTY	
Mary Ticknor						
Street Address	Employer/Occu	pation/Labor Organization*		en e	WANTED THE PERSON NAMED IN	Form (Cash, Check, etc.)
3339 Weston Trail Drive						check
City	State	Zip Code	М	D	Y	Amount
Hilliard	OH	43026	0 3	0 2	1 0	50.00
Full Name of Contributor	<del></del>			tion Num	Annual Control of the	
Pamela Schilling						
Street Address	Employer/Occu	pation/Labor Organization*		TOTAL PROPERTY OF THE PARTY OF		Form (Cash, Check, etc.)
253 Cherrystone Dr N						check
City	State	Zip Code	М	D	Y	Amount
Gahanna	OH	43230	0 3	0 2	1 0	50.00
Full Name of Contributor			THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	tion Num	AND DESCRIPTION OF THE PARTY OF	
Cheryl Lowery						
Street Address	Employer/Occu	pation/Labor Organization*	Barrer	***************************************		Form (Cash, Check, etc.)
6000 Whitman Rd						check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43213	0 3	0 2	1 0	100.00
Full Name of Contributor			MINANA AND TOTAL AND	tion Num		CONTROL OF THE PROPERTY OF THE
Sheldon Hill						
Street Address	Employer/Occu	pation/Labor Organization*		manna managalayana		Form (Cash, Check, etc.)
3913 Boyer Ridge Drive						check
City	State	Zip Code	М	D	Y	Amount
Canal Winchester	$O \mid H$	43110	0 3	0 2	1 0	52.00
Full Name of Contributor				tion Num	PATRICIPATION CONTROL OF	
Brian Roberts						
eet Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3311 Dresden St						check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43224	0 3		1 0	ì
			1010	U 4		100.00

Page Total \$	525,00
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<sup>\*</sup> 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)]