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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for Quality Schools			I ':			Á		
Full Name of Contributor			Registrat	Registration Number, if PAC				
David Woodruff								
Street Address	Employer/Occup					Form (Cash, Check, etc.)		
7876 Blacklick View Dr					,	check		
City	State	Zip Code	М	D.	Y	Amount		
Blacklick	OH	43004	0 5	0 5		<u> </u>	20.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Dwayne Marshall			_					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
7843 Fairfax Loop Dr						check		
City	State	Zip Code	М	D	Y	Amount		
Blacklick	O H	43004	0 5	0 5	1 1	<u> </u>	25.00	
Fuil Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	tion Num	ber, if PA	·C		
Essie Johnson			l l					
Street Address	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.)				
PO Box 12415						check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OIH	43212	015	015	111		20.00	
Full Name of Contributor					ber, if PA	.C		
Lettie Huyghe			ŀ					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Cl	heck, etc.)	
PO Box 333						check		
City	State	Zip Code	М	D	Y	Amount		
Blacklick	OTH	43004	015	015	1 1 1		25.00	
Full Name of Contributor		20001			ber, if PA	\C		
City Barbeque								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Cl	heck, etc.)	
6277 Riverside Drive		-					check	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OIH	43017	015	1 8	111		319.36	
Full Name of Contributor		10017			ber, if PA	AC .		
Rotelli Pizza & Pasta			`					
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1344 Cherry Bottom Rd		5				check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	OH		016		1 1		122.84	
Full Name of Contributor		+3230			ber, if P/		122.01	
Tan Name of Commodition			2.5		,			
Street Address	Employer/Occur	pation/Labor Organization*		-		Form (Cash, C	heck etc.)	
Street Address	Employen Occup	Satisful Babbi Organization					,	
City	State	Zip Code	М	Ð	Ιy	Amount		
	50	o.p. o.c.a.	1 1	1				
Full Name of Contributor			Registra	tion Nun	nber, if P/	\C		
and or community			1.4E10(1)					
Street Address	Employer/Occur	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
7.00.000	Employer/Occup							
City	State	Zip Code	М	D	Y	Amount		
City	June	In code	'''		1			
L		<u> </u>			<u> </u>	<u> </u>		

Page Total \$	532.20

^{*} 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)]