Statement of Contributions Received

Prescribed by Secretary of State 3/05

		tonominomotile			·/////////////////////////////////////				
Name of Committee in Full	-								
Citizens for Quality Schools	mandastraman	concension and the second		T	***************************************				
Full Name of Contributor				Registra	tion Nur	nber, if PA	AC		
Catherene Gerker	In :			<u> </u>		***************************************			
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
2609 Jefferson Estates Court			r			1	check		
City		ate	Zip Code	M	D	Y	Amount	00.00	
Blacklick	0	Н	43004	0 3	0 2			90.00	
Full Name of Contributor Registration Number, if PAC									
Jennifer Clippinger	Tr. 1-			<u> </u>		***************************************	Form (Cash, Chec	1	
Street Address	Employe	://Occup	ation/Labor Organization*				•	K, CIC. J	
4233 Crumley Rd SW		-1-	7:- 0-4-	1 1/	l n	1 0	check		
City	1 _	ate H	Zip Code	M	D	Y	Amount	50.00	
Lancaster	10	11	43140	0 3	Andrew Commission of the Commi	orienta de la companya della companya della companya de la companya de la companya della company		50.00	
Full Name of Contributor Registration Number, if PAC									
Rachelle Mullins	10-11	/Oz	etion // about Outiti*	_L	KATAN PARAMETER	E-KONSKALOWANISKO	Form (C-all Class	le ata	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
2013 Bellflower		-4-	7:- C-1-	137	T -	1 37	check		
City	1 .	ate	Zip Code	M	D	Y	Amount	75.00	
Grove City Full Name of Contributor	0	Н	43123	0 3	<u> </u>		1.0	75.00	
				Kegistra	ition Nur	nber, if Pa	AC		
Joyce Kiourtsis	Te :	/0	7 1 O	_ <u>L</u>	MICHIGAN STATES	MACCONTON AND AND AND AND AND AND AND AND AND AN	r (0 1 0)		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch			κ, etc.)	
1040 Arcaro Dr	 		[7] C. A.	T 82	T 5	T V	check		
City	_	ate	Zip Code	M	D	Y	Amount	(0.00	
Gahanna	$\downarrow 0$	Н	43230	0 3	The second second	THE PERSON NAMED IN COLUMN		60.00	
Full Name of Contributor Registration Number, if PAC									
Patricia Clemans	In 1	/0	C. A. I. O	L	120700000000000000000000000000000000000	unica e menerale de la compansión de la co	F (C1C'	J4-)	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	ск, etc.)	
9304 Belmont Pl	 		Iz: 0.1	1 \7	1 5	1 1/	check		
City	l _	ate	Zip Code	M	D	Y	Amount	E0.00	
Pickerington Full Name of Contributor	10	H	43147	0 3	AND DESCRIPTION OF THE PERSON	and the contract territory when	CONTRACTOR OF THE PARTY OF THE	50.00	
	Registration Number, if PA						AC		
Heidi Beck									
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
457 Overlook Dr			17:- C-1.	1 3.4	T 5	1 17	check		
City	_	ate	Zip Code	M	D	Y	Amount	E0.00	
Worthington		Н	43085	0 3			The state of the s	50.00	
Full Name of Contributor				Registra	ation Nu	mber, if P.	AC		
Lindsay Dexter		10	and the second second	<u> </u>	ANGERS CONTRACTOR		F (C 1 C	1	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)	
6402 Skimmer Ln			Iz: A .	7.:	7	1	check		
City	_	ate	Zip Code	M	D	Y	Amount	E0.00	
Columbus	10	H	43230	0 3	AND DESCRIPTION OF THE PARTY OF	COLUMN TO SERVICE SERV		50.00	
Full Name of Contributor Registration Number, if PAC									
Angela Cox	- TS- :		~	<u> </u>	this side of the same of the s				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
461 Cherry St			12.	T	1 =	1 7:	check		
City		ate	Zip Code	M	D	Y	Amount	FTF 0.0	
Groveport	10	H	43125	0 3	0 2	1 0	<u> </u>	75.00	

Page Total \$ 500.00

^{*} 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)]