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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Discourse of the state of the s							
Name of Committee in Full							
Citizens for Quality Schools Full Name of Contributor				Registration Number, if PAC			
Kelly Shellhammer			Kegisuai	uon ivuii	noci, ii r		
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>			Form (Cash, Ch	eck etc )
143 Brookhill Dr	Employer/Occup	acton/Labor Organization				check	cox, cic.)
City	State	Zip Code	М	D	ΙΥ	Amount	···· · · · · · · · · · · · · · · · · ·
Gahanna — — — — — — — — — — — — — — — — — —	OH	43230	0 3		1 0	, anount	200.00
Full Name of Contributor		1 30200		amendaminate and	ber, if PA	\C	200.00
Phyllis Solove			i togiculu		,	•••	
Street Address	Employer/Occur	pation/Labor Organization*	<b>L</b>	AND THE PERSON NAMED IN		Form (Cash, Ch	eck, etc.)
8249 Deering Oaks Dr	,					check	
City	State	Zip Code	М	D	Υ	Amount	
Blacklick	$O \mid H$	43004	0 3	0 2	1 0		70.00
Full Name of Contributor			Name and Address of the Owner, where the Owner, which the	incorration the	nber, if PA	\C	
Kristen Juth							
Street Address	Employer/Occup	oation/Labor Organization*	t	<del></del>	******	Form (Cash, Ch	eck, etc.)
108 Terrier Court						check	
City	State	Zip Code	М	D	Y	Amount	
Pataskala	OH	43062	0 3	0 2	1 0		50.00
Full Name of Contributor			Registra	tion Nun	nber, if P	AC.	
Donna Sharkey							
Street Address	Employer/Occup	oation/Labor Organization*	*			Form (Cash, Ch	eck, etc.)
1027 Hurley Ct						check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	43230	0 3	THE STATE OF THE STATE OF	ministration extra comment		25.00
Full Name of Contributor			Registra	tion Nun	nber, if P	AC	
Anne Jackson	······································						
Street Address	Employer/Occup	oation/Labor Organization*	*			Form (Cash, Ch	ieck, etc.)
215 Ainsworth				·		check	
City	State	Zip Code	M	D	Y	Amount	F0.00
Gahanna Full Name of Contributor	OH	43230	0 3	Sample and the contract of the	NAME OF TAXABLE PARTY.	<u></u>	50.00
			Registra	tion Nun	nber, if Pa	AC .	
Gregory Meadows	Jr	Air Makes Organization	<u> </u>			Form (Cash, Ch	
Street Address	Employer/Occup	pation/Labor Organization*					ieck, etc.)
7323 Fallow Trail	State	Zip Code	M	D	T Y	check Amount	
	OH	43068	0 3	0 2		Amount	50.00
Reynoldsburg Full Name of Contributor	1012	45000		-	nber, if P	A.C.	30.00
Mark Meuser					,		
Street Address	Employer/Occur	oation/Labor Organization	*			Form (Cash, Cl	neck, etc.)
804 Cherry Bottom Rd						,	
City	State	Zip Code	М	D	Y	check Amount	
Gahanna	0   H	43230	0 3	0 2	110		90.00
Full Name of Contributor		10200	and the same of th		nber, if Pa	AC	
Tia Holliman			_				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	neck, etc.)
362 Towne Court West					check		
City	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	43230	0 3	0 2	1 0		40.00
		10 10	10 1 1			1.1	

Page Total \$ 575.00

<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)]