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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				94				
Citizens for Quality Schools								
Full Name of Contributor							With the second second second	
Brad Barboza					Registration Number, if PAC			
Street Address	IEI(O			Section of the sectio	Marketon or the party of			
	Employer/Occup	pation/Labor Organization*				Form (Cash, C	heck, etc.)	
9154 Waynebrown Dr		7		·		check		
1	State	Zip Code	M	D	Y	Amount		
Powell Full Name of Contributor	O H	43065	0 2	2 3	1 0		120.00	
			Registra	tion Num	ber, if P	AC		
Roben Frentzel				- Constitution of the Cons	~~~~	Water Automorphy States and State		
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, C	heck, etc.)	
860 Aries Dr						check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	O H	43230	0 2	2 3	1 0		100.00	
Full Name of Contributor			Registration Number, if PAC			AC .		
Robin Schmidt								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5125 Royal Country Down						check		
City	State	Zip Code	M	D	Y	Amount		
Westerville	OH	43082	0 2	2 3	1 0		200.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	AC		
Tom Martin								
Street Address	Employer/Occup	ation/Labor Organization*	- Billion - Company			Form (Cash, Cl	neck, etc.)	
6397 Headley Road						check		
City	State	Zip Code	M	D	Y	Amount	·	
Gahanna	OH	43230	0 2	2 3	1 0		100.00	
Full Name of Contributor			Registrat			\C	100.00	
Scott Schmidt								
Street Address	Employer/Occup	ation/Labor Organization*		William Comment		Form (Cash, Cl	neck, etc.)	
699 Tim Tam Ave						check	, .,	
City	State	Zip Code	M	D	Y	Amount		
Gahanna	OH	43230	0 2	2 3	1 0		200.00	
Full Name of Contributor			Registrati			C	200.00	
Sue Everhart					,			
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Cl	neck etc.)	
6500 Eagle Point Court		-				check	.ook, 010.)	
City	State	Zip Code	М	D	Y	Amount		
Blacklick	OH	43004	0 2	2 3	1 0		50.00	
Full Name of Contributor			Registrati	CONTRACTOR OF THE PARTY OF		C	20.00	
Matthew Cygnor					,			
Street Address	Employer/Occupa	ition/Labor Organization*			Î	Form (Cash, Ch	eck etc.)	
4228 Clark Shaw Rd		9				check	icon, cic.j	
City	State	Zip Code	M	D	Y	Amount		
Powell	OH	43065	1 , 1	2 3	1 0	Amoun	120.00	
Full Name of Contributor		10000	Registrati	OF THE PERSON NAMED IN	Name and Address of the Owner, where	C	130.00	
Rae Harriott-White			1.venanan	on ituill	~i, iI FA			
Street Address	Employer/Occupa	tion/Labor Organization*	_L		T	Form (Cash, Ch		
1744 Harrison Pond Drive		2. G. Panization					cck, etc.)	
City City	State	Zip Code	М	D	V	check		
New Albany	OH	43054	1 . 1		. 1	Amount	100.00	
nuired for contributions from individuals over \$100 to statewide			0 2	2 3	10		100.00	

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)]

Page Total \$ 1,000.00
