Page

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for Quality Schools Full Name of Contributor		vanus essentitive essenti			OLE DAY OF THE PARTY OF THE PAR	ning pagalang kanalang kana	-	
				Registra	ation Nun	nber, if Pa	AC	
Karen McDonnell Brown Street Address		10					·	
	Employ	er/Occup	pation/Labor Organization*				Form (Cash, C	heck, etc.)
858 S Cassingham Rd					· · · · · · · · · · · · · · · · · · ·	·	check	
4 · -	I	tate H	Zip Code	M	D	Y	Amount	
Columbus Full Name of Contributor		11	43209	0 3	The state of the s	1 0		87.00
•				Registra	ition Nun	nber, if P	AC	
Paige Harding Street Address	Te :			<u> </u>			Y	ATTO NO. 10 TO
	Employ	er/Occup	ation/Labor Organization*				Form (Cash, C	heck, etc.)
741 McDonell Pl City			Ia: a .		,	γ	check	····
		tate	Zip Code	M	D	Y	Amount	
Columbus Full Name of Contributor		H	43230	0 3	March Company	1 0		71.00
				Registra	ition Nun	iber, if P	AC	
Michael Cebriak Street Address	T.5			<u> </u>		(Colora Principal Construction of the Colorador of the Co		
	Employer/Occupation/Labor Organization*			1			Form (Cash, Check, etc.)	
361 Westerdale							check	
City	1 -	tate	Zip Code	M	D	Y	Amount	
Gahanna Full Name of Contributor	<u> </u>	H	43230	0 3	The second second	1 0		80.00
			•	Registra	ition Nun	ber, if P	4C	
Kristen Pietro								***************************************
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, C	heck, etc.)
102 Brookhill Dr							check	
City	1 _	ate	Zip Code	M	D	Y	Amount	
Gahanna		H	43230	0 3	CANADA STATE OF THE PARTY OF TH	1 0		50.00
Full Name of Contributor				Registra	tion Nun	iber, if P	AC	
Wendy Fafata-Roberts						-		2000
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, C	neck, etc.)
319 Lyncroft Ct							check	
City	l _	ate	Zip Code	М	D	Y	Amount	
Gahanna		H	43230	0 3	denomination and	The state of the s		60.00
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .	
Michael Shade							# ****	
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, C	neck, etc.)
2323 Reynoldsburg NA Rd			γ		·		check	
City	1	ate	Zip Code	M	D	Y	Amount	
Blacklick	I O	H	43230	0 3	0 2	$1 \mid 0$		80.00
Full Name of Contributor				Registra	tion Num	ber, if PA	/C	
Jason Swinehart								
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)
4718 Tatersall Ct						,	check	
City		ate	Zip Code	M	D	Y	Amount	
Columbus	<u> </u>	H	43230	0 3	0 2	$1 \mid 0$		20.00
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .	
Dona Montgomery								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)
122 Misty Oak Place						l	check	
City	1 _	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	H	43230	0 3	0 2	$1 \mid 0$		2,500.00

Page Total	\$ 2,948.00

^{*} 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)]