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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Citizens for Quality Schools					odenamo de manero de la				
						stration Number, if PAC			
Kenneth Wolford				<u> </u>					
Street Address	Employer	Оссира	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
7313 Saratoga Ave			r	<b></b>		,	check		
City	Stat		Zip Code	M	D	Y	Amount		
Reynoldsburg	0	Н	43068	0 3	decreases and the American	the state of the s		40.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	AC		
Lisa Schartiger				_	endocate annimalia		;····		
Street Address	Employer/	/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
586 Tresham Rd							check		
City	Stat	e	Zip Code	М	D	Y	Amount		
Gahanna	0	H	43230	0 3	0 5	1 0		70.00	
Full Name of Contributor				Registra	tion Num	ber, if P	AC .		
Bryan Hicks									
Street Address	Employer	/Occup	ation/Labor Organization*			***************************************	Form (Cash, Check, etc.)		
5584 Henselwoods Rd							check		
City	Stat	e	Zip Code	M	D	Y	Amount		
Gahanna	0	Н	43230	0 3	0   5	1 0		85.00	
Full Name of Contributor		***************************************				ber, if P	AC		
Jeff Boyd									
Street Address	Employer	/Occup	ation/Labor Organization*		***************************************	- TATAN ON THE PARTY	Form (Cash, Ch	eck, etc.)	
40 Bermuda Dr							check		
City	Stat	te	Zip Code	М	D	Y	Amount		
Johnstown	0	Η	43031	0 3	0   5	1 0		50.00	
Full Name of Contributor	MINISTER CONTRACTOR	West Company	MATERIAL PROPERTY OF THE PROPE	THE PERSON NAMED IN COLUMN	CONTRACTOR OF THE PARTY OF THE	ber, if P	AC	***************************************	
Dwayne Jarrell									
Street Address	Employer	/Оссир	ation/Labor Organization*	L			Form (Cash, Ch	eck, etc.)	
148 Lincolnshire		•	Ť				cash		
City	Stat	te	Zip Code	М	D	Y	Amount		
Gahanna	0	Н	43230	0 3	1	10		30.00	
Full Name of Contributor		***************************************	10200	The Court of the C	Market Company of the	ber, if Pa	AC	00.00	
Animal Care at Cherry Way									
Street Address	Employer	/Occup	ation/Labor Organization*		***************************************	AND DESCRIPTION OF THE PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASS	Form (Cash, Ch	eck, etc.)	
1353 Cherry Way Dr							check		
City	Stat	te	Zip Code	M	D	Y	Amount		
Gahanna		Н	43230	0 3	0 8	1		100.00	
Full Name of Contributor			10200	THE RESERVE OF THE PERSON NAMED IN	NAMES OF TAXABLE PARTY.	nber, if Pa	AC	100.00	
Mid/West Fresh						,			
Street Address	Employer	/Оссив	ation/Labor Organization*	_i			Form (Cash, Ch	eck. etc.)	
38 N Glenwood Ave	Employer/Occupation/Labor Organization*					check			
City	Stat	re	Zip Code	M	D	Y	Amount		
Columbus	0	Н	43222	0 3		1	7 tinount	75.00	
			1 40444				<u> </u>	75,00	
Full Name of Contributor  Registration Number, if PAC									
Aleron  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)									
B	Employer/Occupation/Labor Organization*								
733 B Lakeview Plaza			7:- 0-1-	1 )/	TR	TV	check		
City	Stat		Zip Code	M	D	Y	Amount	75.00	
Worthington		H	43085	1013	10/8	1 0	1	75.00	

Page	Total	\$ 525.00

<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)]