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Statement of Contributions Received

Prescribed by Secretary of State 3/05

					(Alexandry alexansus		
Name of Committee in Full	737						
Citizens for Quality Schools					L		
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
Carolyn Frissora						(n (0) 0	conference of the second
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
520 Preservation Lane		1			,	check	
City Gahanna	State O H	Zip Code 43230	M	0 2	$\begin{bmatrix} \mathbf{Y} \\ 1 \end{bmatrix} 0$	Amount	50.00
Full Name of Contributor		1 10200			ber, if PA	AC	
Tamara Passa							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
1015 Greythorne Pl		·				check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	0 3	0 2	1 0		30.00
Full Name of Contributor			THE RESIDENCE OF THE PARTY OF T	COMPANY OF THE PARTY OF THE PAR	ber, if P/	AC .	
Kymberly Lewis							
Street Address	Employer/Occu	pation/Labor Organization*	Santana Maria			Form (Cash, Che	eck, etc.)
1530 Burkey Ct						check	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	OH	43068	0 3	0 2	1 0		87.00
Full Name of Contributor			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	ACCRECATION OF THE PARTY OF THE	ber, if P	AC.	and the state of t
Gregory Morland							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
1029 Pinewood Lane						check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43240	0 3	0 2	1 0		75.00
Full Name of Contributor					iber, if P	AC	
Jonily Zupancic							
Street Address	Employer/Occu		***************************************	10000000000000000000000000000000000000	Form (Cash, Check, etc.)		
244 Essex Place						check	
City	State	Zip Code	М	D	Y	Amount	
Pataskala	OH	43062	0 3	0 2	1 0	TURNING THE PROPERTY OF THE PR	70.00
Full Name of Contributor	and a series of the state of th		Registra	tion Nun	nber, if Pa	AC .	**************************************
Kathryn Garner							
Street Address	Employer/Occu	pation/Labor Organization*	k			Form (Cash, Cho	eck, etc.)
5601 Warner Meadows Dr						check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	O H	43081	0 3	0 2	1 0		35.00
Full Name of Contributor			Registra	ition Nun	ber, if P.	AC	
Danielle Dominak				NAMES OF STREET	224 (1414 150 (142 contr	was brown and the state of the	District Control for Investory of this publication
Street Address	Employer/Occu	pation/Labor Organization*	*			Form (Cash, Che	eck, etc.)
5995 Andrew John Dr						check	
City	State	Zip Code	М	D	Y	Amount	
New Albany	O H	43054	0 3	0 2	1 0		56.00
Full Name of Contributor			Registra	tion Nun	nber, if P.	AC	
Deron Green				day North Control of the Control of		Name of the last o	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
9103 Palomino Dr				check			
City	State	Zip Code	М	D	Y	Amount	
Pickerington	O H	43147	0 3	0 2	1 0		94.00
	1 1 1 11	11.5 . 10 15	10 1	41		J 41	

Page Total \$ 497.00

^{*} 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)]