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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			***************************************	***************************************			***************************************	
Name of Committee in Full								
Citizens for Quality Schools				Projection Number of PAC				
Full Name of Contributor				Registration Number, if PAC				
Hank Langhals	Ir 1 /0	ation Malan Opposite tion #	_L	***************************************		Form (Cash, Ch	oale ota l	
Street Address	Employer/Occup	ation/Labor Organization*				, ,	ieck, etc.)	
901 Aries Dr	Stt-	T7:- 0-1-	1.4	D	Υ	check Amount		
^{City} Gahanna	State O H	Zip Code 43230	$\begin{vmatrix} M \\ 0 \end{vmatrix} 3$		1 0	Amount	100.00	
Full Name of Contributor		1 10200		Accessed	ber, if PA	A.C.	100.00	
Kristy Flyn			1108.00.0					
Street Address	Employer/Occur	ation/Labor Organization*		***************************************		Form (Cash, Ch	eck etc.)	
1263 Ashburnham	Z.mpioyon occup	anon baour organisavon				check	,,	
City	State	Zip Code	M	D	ΙΥ	Amount		
Gahanna	ОН	43230	1 .		1 0		100.00	
Full Name of Contributor		10200			ber, if PA	AC	100.00	
Katharine Compton					,			
Street Address	Employer/Occur	ation/Labor Organization*		CHECK TOTAL COLUMN	IONE PRODUCTION OF THE PERSON	Form (Cash, Cl	neck, etc.)	
85 S Township Rd	Employer occupation baser organization					check		
City	State	Zip Code	М	D	Y	Amount		
Pataskala	0 H	43052	0 3	1 2	1 0		30.00	
Full Name of Contributor					ber, if P	AC		
Minnie Mitchell								
Street Address	Employer/Occup	pation/Labor Organization*	B_		ANY CONTRACTOR OF THE	Form (Cash, Cl	neck, etc.)	
5245 Hackett Dr		-				check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43235	0 3	1 2	10		40.00	
Full Name of Contributor					ber, if P	AC		
Julio Valladares								
Street Address	Employer/Occupation/Labor Organization*						neck, etc.)	
822 McDonell Dr						check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	OH	43230	0 3		1 0		100.00	
Full Name of Contributor			Registra	ition Nun	nber, if Pa	AC .		
Bruce Swickard				anne samabonare se	CANADIA/III AMANANI			
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Cl	heck, etc.)	
174 Merritt Rd						check		
City	State	Zip Code	M	D	Y	Amount		
Pataskala	O H	43062	0 3	at the formation of the	1 0		57.00	
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC		
Patricia Graves				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, C	heck, etc.)	
1515 Haft Dr						check		
City	State	Zip Code	M	D	Y	Amount		
Reynoldsburg	O H	43068	0 3		1 0	·	40.00	
Full Name of Contributor Registration Number, if P.						AC		
Bryan Reames				***************************************	one and the feature of the feature o			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
381 Marquis Ct					·	check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	OH	43230	0 3	1 2	1 0	<u> </u>	30.00	

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)]