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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			NAMES OF THE PARTY	Market				
Citizens for Quality Schools								
Full Name of Contributor				ation Num	iber, if PA	\C		
Michele Disbro								
Street Address	Employer/Occup	pation/Labor Organization*	- Beginnenswergs	THE PERSON NAMED IN COLUMN TWO		Form (Cash, Chec	k, etc.)	
3499 Leighton Rd		•				check		
City	State	Zip Code	М	D	Y	Amount		
Columb us	ОН	43221	0 3	0 2	1 0		70.00	
Full Name of Contributor				ation Num	and the second s	۸C		
Shirley Katzmeyer				_				
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ched	ck, etc.)	
895 Ludwig Dr				_		check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	OH	43230	0 3	0 2	1 0		86.00	
Full Name of Contributor				ation Num		AC.		
Linda Dolder								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)		
2668 Northmont Dr						check		
City	State	Zip Code	М	D _,	Y	Amount		
Blacklick	0 H	43004	0 3		1 0	Accessor was a server and a server and a server	70.00	
Full Name of Contributor			Registra	ation Nun	nber, if PA	4C		
Beth Langhals		· · · · · · · · · · · · · · · · · · ·		Marie and and and and	Constitution		THE CONTRACT OF THE CONTRACT O	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)		
901 Aries Dr				·		check		
City	State	Zip Code	M	D	Y	Amount	~ ~ ~~	
Gahanna	O H	43230	0 3	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	CONTRACTOR OF STREET	recommendation of the second	75.00	
Full Name of Contributor Registration Number, if P					nber, if Pa	AC		
April Gillespie							als -6: \	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	ск, etc.)	
12214 Woodburn Ln		Tin Cada	757	[D	T 37	check		
City Diskovin atom	State H	Zip Code	M	D	Y	Amount	25.00	
Pickerington Full Name of Contributor	IO H	43147		0 2 ation Nun			35.00	
			registr.	auon iyur	noci, ii P.	nc.		
Jill Rak Street Address	IPmnleve-/O	sation/Lahor Organization*		Approximate a service and a se	Cornellar Community of the Control o	Form (Cach Ct-	ck etc.)	
	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
175 Brookhill Dr	State	Zip Code	М	D	ΤΥ	check Amount		
City Cahanna	OH	43230	0 3		1	Į.	70.00	
Gahanna Full Name of Contributor		J TULUU		ation Nun			70.00	
Lettie Huyghe			1.00,000			-		
Street Address	Employer/Occur	pation/Labor Organization*		- Contraction of the Contraction	<u>kanan pandambanan</u>	Form (Cash, Che	ck, etc.)	
1276 Bayboro Dr	Employer overputors and or Stantauton				check			
City	State	Zip Code	M	D	Y	Amount		
New Albany	OH	43054	0 3	i	1 .	1	70.00	
Full Name of Contributor Registration Number, if P.					Accessors to the second	, 0.00		
Heather Repasky			1		,			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)			
462 Sutterton Dr				check				
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43230	03	1 .		1	50.00	
		andidates If contributor is self	Margha Compression Comme	*****************	AND REPORTED AND STREET	The second secon		

Page Total \$ 526.00

^{*} 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)]