Statement of Contributions Received

Prescribed by Secretary of State 3/05

		Administration of the Control of the						
Name of Committee in Full				7				
Citizens for Quality Schools	THE THE THE TWO THE	ma mo vodelnima						
ull Name of Contributor				Registration Number, if PAC				
Carey Ker						Mary Sangaran		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
212 Cam Ct					·		СС	
City	I _	ate	Zip Code	М	D	Y	Amount	F 00
Gahanna	O	H	43230	0 3	Macatos regimentos			5.00
Full Name of Contributor				Registra	ation Nun	nber, if PA	AC.	
Larry Lewellen								***************************************
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Cl	neck, etc.)	
860 Hensel Woods Rd						·	СС	
City	_	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	H	43230	0 3	THE REAL PROPERTY.	THE REAL PROPERTY.		20.00
Full Name of Contributor				Registra	ation Nun	nber, if Pa	AC	
Jeanne Gokcen								***************************************
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Cl	neck, etc.)
474 Whitley Drive			T-:				CC	
City	1	ate	Zip Code	М	D	Y	Amount	# 00
Gahanna	0	H	43230	0 3	THE RESERVE OF THE PARTY OF THE	1 0		5.00
Full Name of Contributor				Registra	ation Nun	nber, if Pa	AC	
Julie Fire								and continues and a second
Street Address	Employ	er/Occup	oation/Labor Organization*				Form (Cash, Cl	heck, etc.)
213 Ashley Court						1	CC	
City	1 _	ate	Zip Code	M	D	Y	Amount	F 00
Gahanna	<u> </u>	H	43230	0 3			<u> </u>	5.00
Full Name of Contributor				Registra	ation Nur	nber, if Pa	AC	
Dianne Jander					entropervision; en	***************************************		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
930 Old Pine Dr			12: 2 :	1 37	1 5	1	CC	
City	1 _	ate	Zip Code	M	D	Y	Amount	40.00
Gahanna	<u> </u>	H	43230	0 3				10.00
Full Name of Contributor				Registr	ation Nur	nber, if P	AC	
Maureen Emoff						***************************************		
Street Address	Employer/Occupation/Labor Organization*				j '			heck, etc.)
1123 Sleeping Meadow Dr			Ta: o I		1 5	T-17	СС	
City	1 _	ate	Zip Code	M	D	Y	Amount	F 00
New Albany Full Name of Contributor	<u> </u>	H	43054	0 3				5.00
				Kegistr	ation Nur	nber, if P.	AC	
Michael Celantano		<i>'</i>					TC (C.) (C.)	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
710 Havens Corners Rd			Ta: a :		1 ===	1	CC	
City	1 _	ate	Zip Code	M	D	Y	Amount	4 = 00
Gahanna	<u> </u>	H	43230	0 3	THE REAL PROPERTY.	1 0	1	15.00
Full Name of Contributor				Registr	ation Nur	nber, if P.	AC	
Amy Frick					***********************	wardii innaadii daan saa		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
255 Marjoram Dr	0 17 Cala			CC				
City	_	ate	Zip Code	M	D	Y	Amount	- 00
Gahanna	<u> </u>	I H	43230	03		10	141	5.00
converge to a contributions from individuals over \$100 to statemas	se and general acc	amhlirar	anguagase it contributor is salt	t amnioued	The ocou	notion on	a the name at th	P

Page Total S	§	70.00

^{*} 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)]