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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					***************************************			
Citizens for Quality Schools	**************************************	***************************************		Registro	ation No	wher if P	A.C.	
Full Name of Contributor	Registration Number, if PAC							
Maureen Emoff	lys .r	/0	etian / abor Organization*	<u> </u>	,		Form (Cash, Ch	seck etc \
Street Address	Employe	er/Occup	ation/Labor Organization*				I	ion, ou.j
1123 Sleeping Meadow Dr			7. 0.1	T	T 5.	T V	check	
City	l _	ate	Zip Code	M	D	Y	Amount	100.00
New Albany		∣ H	43054	0 3				100.00
Full Name of Contributor				Registra	ation Nu	mber, if Pa	AC	
Rae Harriott-White			ation/Labor Organization*	. L.		na a service de la constituit de la cons	Form (Cash, Cl	
Street Address	Employ					ieck, etc.)		
1744 Harrison Pond Dr		<del></del>	<del></del>		check			
City		ate	Zip Code	M	D	Y	Amount	100.00
New Albany	O	H	43054	0 3				100.00
Full Name of Contributor				Registr	ation Nu	mber, if P.	AC	
Jan M Elzey Trust			ation/Labor Organization*		ann an ann an		France (Co1) C	haala at-
Street Address	Employ				Form (Cash, C	neck, etc.)		
6233 Brooksong Way			In: a :		1 5	1 37	check	
City	Į.	tate	Zip Code	M	D	Y	Amount	20.00
Blacklick	0	H	43004	0 3	and the second second		A	30.00
Full Name of Contributor				Registr	ation Nu	ımber, if P	AC	
Cathy Arnett							IF (0.1.0	1 1
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
656 Tim Tam Ave					check			
City		tate	Zip Code	M	D	Y	Amount	100.00
Gahanna	0	l H	43230	0 3				100.00
Full Name of Contributor				Registi	ration Nu	ımber, if P	AC	
Emily Dales						*******************************	TE /C 1 C	1
Street Address	Employ				Form (Cash, Check, etc.)			
790 Summit Street			· · · · · · · · · · · · · · · · · · ·			<del></del>	check	
City		tate	Zip Code	M	D	Y	Amount	05.00
Columbus	<u> </u>	∣ H	43215	0 3	AMERICAN PROPERTY AND ADDRESS OF THE PARTY AND	THE PERSON NAMED IN COLUMN	The second second second second second	25.00
Full Name of Contributor				Registi	ration Ni	ımber, if P	AC	
Susan Owens				_L	co-co-chatacoasta		(0.1.0	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
399 Middleground Rd SW						- , ;;	check	
City		tate	Zip Code	M	D	Y	Amount	45.00
Pataskala	0	<u> </u> H	43062	0 3		9 1 0		45.00
Full Name of Contributor				Regist	ration N	umber, if I	AC	
Edward Woodman						a programment policy by facility	Tr(C-1.6	7114
Street Address	Employ	Employer/Occupation/Labor Organization*						Check, etc.)
782 Pimlico Drive						<del></del>	check	
City	I	state	Zíp Code	M	D	Y	Amount	<b>FO 00</b>
Gahanna	0	H	43230			9 1 0		50.00
Full Name of Contributor				Regist	ration N	umber, if l	PAC	
Christa Swickard							To (0 : )	THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
144 Windward Drive							check	
City	i	state	Zip Code	M	D	Y	Amount	40.00
Pataskala	10	H	43062	0 3	3   0	9 1 (	) [	40.00

Page Total \$ 490.00

<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)]