Statement of Contributions Received

Prescribed by Secretary of State 3/05

						•	
Name of Committee in Full							!
Citizens for Quality Schools			In :	Inc M.	- 10 D - 1		1
Full Name of Contributor			Kegistrat	tion Numb	er, ii PAl	C	
Kathryn Anderson						r (0)	1.
Street Address	Employer/Occup	pation/Labor Organization*			Ì	Form (Cash, Che	ck, etc.)
3259 Vinton Park Place						check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	OH	43028	0 4		1 1		60.00
Full Name of Contributor			Registrat	tion Numb	per, if PA	C	
John Snoad							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
1004 Arcaro Drive				_		check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	O H	43230	0 4	0 6	1 1	<u>L</u> _	25.00
Full Name of Contributor				tion Numl		C	
Emily Straub							
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
551 Springwood Lake Dr	1	. •				check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	1 -	0 4	016	$ _{1 1}$	1	30.00
Gananna Full Name of Contributor		1 20200		tion Num		.С	
Jennifer Hawkins							
Jennifer Hawkins Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
	Employerroccu	,				check	,
678 Clark State Rd	State	Zip Code	-Тм	D	Υ	Amount	
Cabanna		l .	1 1	016	1 .]	30.00
Gahanna	O H	43230		TUID ation Num		L	50.00
Full Name of Contributor			registr	он тчип	, ii I'F		
Lori Kokales		- d - R - L - O - · · · · ·				Form (Cash, Che	aple ato \
Street Address	Employer/Occupation/Labor Organization*						٠٠٠, ٥١٠.)
1640 Minturn Dr		Ta: a :		T-5	T 37	check	
City	State	Zip Code	M	D	Y	Amount	20.00
New Albany	O H	43054	0 4				20.00
Full Name of Contributor	· —		Registra	ation Num	ocr, if PA	AC.	
Paige Harding						To:	
Street Address	Employer/Occu				Form (Cash, Ch	eck, etc.)	
741 McConell Pl					,	check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	0 H	43230	0 4	0 6	1 1		25.00
Full Name of Contributor			Registra	ation Num	iber, if PA	AC	
Leslie Twigg							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
738 Tree Bend Court	1					check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	O H	1	014	016	1 1	1	25.00
Full Name of Contributor	<u> </u>			ation Num			
Kimberly Neary			1				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
860 North Stygler Rd		<u> </u>				1	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	O H			016			20.00
Gananna	1011	40200	1014	: U U	1717		20.00

* 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)]

Page Total \$	235.00