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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	<u> </u>					concernations.		
Citizens for Quality Schools								
Full Name of Contributor		dimension and the second		Registra	tion Num	ber, if PA	AC.	
Elizabeth Squillace								
Street Address	Employe	r/Occupa	ation/Labor Organization*	- North Control of the Control of th			Form (Cash, Chec	k, etc.)
6257 Needletail Rd							check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43230	0 3	0 2	1 0		50.00
Full Name of Contributor					tion Num	The second second	AC	ALANA DI SANCIA DI S
Nanci Dickens								
Street Address	Employe	r/Occup	ation/Labor Organization*	-			Form (Cash, Chec	k, etc.)
981 Taurus Ave							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230	0 3	0 2	1 0		60.00
Full Name of Contributor		<u> </u>	10100	THE RESIDENCE AND ADDRESS OF THE PERSONS ASSESSED.	tion Num	Contract Con	AC	
Deborah Zamora				-				
Street Address	Employe	г/Оссир	ation/Labor Organization*			**************	Form (Cash, Chec	k, etc.)
651 Sycamore Mill Dr			•				check	
City	St	ate	Zip Code	M	D	Y	Amount	
Gahanna	0	Н	43230	0 3	0 2	1 0		80.00
Full Name of Contributor				The second section of	tion Nun		4C	+
Tina Early								
Street Address	Employe	er/Occup	ation/Labor Organization*	<u> </u>		Carte Carte Carte	Form (Cash, Chec	ck, etc.)
503 Highland Drive							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	H	43230	0 3	0 2	1 0		45.00
Full Name of Contributor			2020		ation Nun		AC	AND ASSESSMENT OF THE PARTY OF
Valerie Hofmann								
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
295 Eastchester Ct		·	-				check	
City	St	ate	Zip Code	M	D	Y	Amount	
Gahanna	0	Н	43230	0 3	0 2	10		50.00
Full Name of Contributor				- Brown marketings	ation Nun	A STATE OF THE PROPERTY OF THE PARTY OF THE	AC	***************************************
Susan Stoll				and the same of th				
Street Address	Employ	er/Occup	ation/Labor Organization*		***************************************		Form (Cash, Che	ck, etc.)
5952 State Route 540		·	_				check	
City	St	ate	Zip Code	M	D	Y	Amount	
Bellfontaine	0	Н	43311	013	0 2	1 0		20.00
Full Name of Contributor	and a second			and the same of the same of	ation Nur	alanian merinan m	- Action to the second second second second	
Michael Donaldson								
Street Address	Employ	er/Occup	ation/Labor Organization*	_L			Form (Cash, Che	ck, etc.)
320 Warlook Court					check			
City	Si	ate	Zip Code	М	D	Y	Amount	
Gahanna	10	Н	43230	0 3	I .	110		70.00
Full Name of Contributor					ation Nur		A C	
Breanne Mathias								
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			ck, etc.)				
119 W 22nd St					check			. ,
City	Si	tate	Zip Code	М	D	Y	Amount	
Dover	0	Η	44622	0 3		1	1	10.00
DOVEI			THE RESIDENCE OF THE PROPERTY			THE PERSON NAMED IN COLUMN TWO		10.00

Page Total	2	385.00
1 450 1044		363.00

^{*} 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)]