Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Citizens for Quality Schools			Registration Number, if PAC		
Full Name of Contributor			Registration Numb	er, if PA	AC .
Eric Vaas	in				
Street Address	Employer/Occupa	ition/Labor Organization*			Form (Cash, Check, etc.)
6917 Cooper Rd		(a) 6 1	1		check
City		Zip Code	M D	Y	Amount
Westerville Full Name of Contributor	OH	43081	0 3 0 2	1 0	87.00
			Registration Numb	er, if PA	iC .
Dianne Heinmiller	In (/o				
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
1001 Sugar Hill Place	2	a: 6.1	1,7,1,5,1		check
City	State H	Zip Code	M D	Y	Amount
Gahanna Full Name of Contributor	IO H	43230		$1 \mid 0 \mid$	70.00
			Registration Numb	er, ii P	ic .
Jay Crawley Street Address	r1/0	ation/Labor Organization*		······	Form (Cash, Check, etc.)
	Employer/Occupa	mon/Labor Organization*			
8712 Scarsdale Blvd City	Ct-t-	7:- 0-1-	IM I D I	Y	check Amount
		Zip Code		1	
Powell Full Name of Contributor	0 H	43065	0 3 0 2 Registration Numb	$1 \mid 0 \mid$	75.0
B			Registration (vunit	ei, 11 F	ic.
David Palguta Street Address	Employer/Occupa	ation/Labor Organization*		manananaman	Form (Cash, Check, etc.)
2687 Northmont Dr	Employer/Occupa	mon/Labor Organization			
City	State	Zip Code	MD	Y	check ^{Amount}
	OH	43004	1 . 1 . 1		
Blacklick Full Name of Contributor	10 11	43004	Registration Numb	1 0	100.0
			Registration (vulle	01, 11 17	
Kathryn McCormick Street Address	Employer/Occups	ntion/Labor Organization*	<u> </u>	***************************************	Form (Cash, Check, etc.)
1060 Brimley Place	Sinproyon occupa	arion bacor organization			check
City	State	Zip Code	M D	Y	Amount
Westerville	OH	43081	1 . 1 . 1	1 0	50.0
Full Name of Contributor		40001	Registration Numb		
Lane Wood			January Committee	.,	
Street Address	Employer/Occupa	ation/Labor Organization*			Form (Cash, Check, etc.)
762 Tim Tam Ave					check
City	State	Zip Code	M D	Y	Amount
Gahanna	OH	43230		1 0	80.0
Full Name of Contributor		10200	Registration Numb	THE PERSON NAMED IN COLUMN	
Diane Ballard			Į ,	,	
Street Address	Employer/Occupa	ntion/Labor Organization*		697000000000000000000000000000000000000	Form (Cash, Check, etc.)
365 Invicta Place		Ü			check
City	State	Zip Code	M D	Y	Amount
Gahanna	OH	43230	0 3 0 2	1 0	90.0
Full Name of Contributor			Registration Numb	-	MATERIAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS
Sarah Bratt			<u> </u>		
Street Address	Employer/Occupa	ation/Labor Organization*			Form (Cash, Check, etc.)
3137 Grey Fox Drive			check		
City	State	Zip Code	M D	Y	Amount
Gahanna	OH	43230	1 1 1	1 0	25.0
equired for contributions from individuals over \$100 to statewis		ACTIVITY OF THE PROPERTY OF TH	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	<u> </u>	4.0.0

Page Total \$ 577.00

^{*} 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)]