Statement of Contributions Received

Prescribed by Secretary of State 3/05

		-						
Name of Committee in Full								
Citizens for Quality Schools	· ·				10.5	4		
Full Name of Contributor				Registration Number, if PAC				
Cheryl Bower								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
506 Stratshire Lane								
City	State	Zip Code	М	D	1	Amount		
Gahanna	O H	43230	0 4	2 1	1 1		50.00	
Full Name of Contributor			Registrat	ion Numb	er, if PAC	2		
Ann Griffith								
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Cl	heck, etc.)	
		Ü						
2503 Olde Hill ct N	State	Zip Code	М	D	Y	Amount		
City	OH	43221	0 4	2 1	1 1		50.00	
Columbus	10111	10441		ion Numb	1	С		
Full Name of Contributor								
Kimberly Frasher	Employer/Occur	pation/Labor Organization*		-		Form (Cash, C	heck, etc.)	
Street Address	Linployer/Occup	Witterh Paper Of Bamerroom					•	
212 Brookhill Dr		Zip Code	М	D	Y	Amount		
City	State O H	1 '	0 4)	1 1	1	70.00	
Gahanna	OiH	43220		tion Num		<u></u>	70.00	
Full Name of Contributor			Registra	non mum	oci, ii i A			
Victoria Franklin			Ļ		_	Form (Cash, C	hock ata	
Street Address	Employer/Occur	pation/Labor Organization*				rom (Casa, C	.nccx, cic.)	
9219 Johnstown Utica Rd					r	ļ		
City	State	Zip Code	M	D	Y	Amount	20.00	
Johnstown	OH	43031	0 4		1 1	<u></u>	20.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Chris Falkenberg								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
415 Sutterton Dr								
City	State	Zip Code	М	D	Y	Amount		
Gahanna	0 H	43230	0 4	2 1	1 1	<u> </u>	100.00	
Full Name of Contributor				tion Num	ber, if PA	/C		
Mark Miller								
Street Address	Employer/Occu					Check, etc.)		
608 Sycamore Mill Dr								
City	State	Zip Code	М	D	Y	Amount		
	0 H		014	2 1	1111		200.00	
Gahanna Full Name of Contributor		10200	Registra	ation Nur	ber, if P/	\C		
					•			
Michael Cebriak	Employee	nation/Labor Organization*				Form (Cash, C	Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*						,,	
361 Westerdale Dr		Zin Code	М	D	Y	Amount		
City	State	Zip Code		1 .	111	1	50.00	
Gahanna						50.00		
Full Name of Contributor			Kegistr	anon Nuti	ioer, ii Pž	٦.		
Andrea Oquin					Form (Cash)	Thack eta \		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
7326 State Route 19			r	T =		I		
City	State	Zip Code	M	D	Y	Amount	50.00	
Mount Gilead	O H	43338	0 4	2 1	1 1	nama of the	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)]

Page Total \$	610.00