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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	***************************************	illianiousuus v		Marian Ma					
Name of Committee in Full									
Citizens for Quality Schools				erquesta esta esta esta esta esta esta esta					
Full Name of Contributor					Registration Number, if PAC				
Dawn Jenkins					O THE STATE OF THE				
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
7301 Crossett Court							check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Canal Winchester	0	H	43110	0 4	0 5	1 0		25.00	
Full Name of Contributor		Alloy Andrews Address		Registra	tion Num	ber, if PA	\C		
Gahanna Community Improvement Corp									
Street Address		Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
200 South Hamilton Road							check		
City	Sta	ate	Zip Code	M	D	Y	Amount		
Gahanna	0	H	43230	0 4	0   5	1 0		1,500.00	
Full Name of Contributor		****		Registra	tion Nun	ber, if P	\C		
TriStar Transportation									
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, (	Check, etc.)	
PO Box 186							check		
City	St	ate	Zip Code	M	D	Y	Amount		
Worthington	0	Н	43085	0 4	0 8	10		300.00	
Full Name of Contributor		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				ber, if P	AC		
Tom Halliday									
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1186 Fouts Court								check	
City	St	ate	Zip Code	M	D	Y	Amount		
New Albany	0	Н	43054	0 4	0 8	1 0		100.00	
Full Name of Contributor		***************************************	1 2000 1	CONTRACTOR OF THE PARTY OF THE	NAME OF TAXABLE PARTY.	nber, if P	AC		
Bob Keiden									
Street Address	Employe	Employer/Occupation/Labor Organization*				Comment of the contract	Form (Cash, C	Check, etc.)	
1423 Windrush Circle	' 1	Empreyer decapation bases organisation						cc	
City	St	ate	Zip Code	М	D	Y	Amount		
Blacklick	0	Н	43004	0 4	0 8	1 0		280.00	
Full Name of Contributor			15001	CONTRACTOR OF THE PERSON NAMED IN	and the second second	nber, if P	Market Company of the		
Karen Bokor									
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8258 Kesegs Way							СС		
City	St	ate	Zip Code	М	D	ΙΥ	Amount		
Blacklick	0	Н	43004	0 4	1 .	10		100.00	
Full Name of Contributor			10001	ON THE REAL PROPERTY AND THE PARTY AND THE P	STATE OF THE PERSON NAMED IN	nber, if P.	· ·	100.00	
Justin Sanford						,			
Street Address	Employe	Employer/Occupation/Labor Organization*						Check, etc.)	
1748 Harrison Pond	lp.o,	Employer Occupation Labor Organization					СС		
City	St	ate	Zip Code	М	D	Y	Amount		
E -	0	Н	43054	0 4	1	1 .	, and and	100.00	
New Albany Full Name of Contributor			ゴンリンゴ	north-commontainment	A STREET, SQUARE, SQUA	THE RESERVED TO SHEET,	<b>I</b> AC	100.00	
Gary Batke	Employ	Employer/Occupation/Labor Organization*					Form (Cash,	Check etc.)	
99E Cardara I r	Linploye	Employer Occupation bason Organization							
885 Cordero Ln City		State Zip Code M D Y					CC Amount		
1 -	0	H	43230		0 8	1	i i	100.00	
Columbus			C DOMESTIC CONTROL OF THE PROPERTY OF THE PROP	0 4	CONTRACTOR CONTRACTOR	The second second	THE RESERVE OF THE PARTY OF THE	ANADAM SANAGAS ANA	

Page Total \$ 2,505.00

<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)]