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Statement of Contributions Received

Prescribed by Secretary of State 3/05

					-			
Name of Committee in Full								
Citizens for Quality Schools				Davidentian Number of DAC				
'ull Name of Contributor				Registration Number, if PAC				
Kristi Dorn-Wachtel		10					Form (Cash, Che	ok ato
Street Address	Employer	/Occup	ation/Labor Organization*				1	ck, etc.)
2419 Merbrook Rd			Y		T		check	
City	Star		Zip Code	M	D	Y	Amount	E0.00
Columbus		H	43235	0 3	1 5			50.00
Full Name of Contributor				Registra	ition Nui	nber, if P.	AC	
Damian Hammond					azaran en en en en en en	D2000000000000000000000000000000000000		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	eck, etc.)
4432 Wrens Nest Drive					.,		check	
City	Sta		Zip Code	M	D	Y	Amount	
New Albany	0	H	43054	0 3	1 5		<u></u>	70.00
Full Name of Contributor				Registra	ation Nu	nber, if P	AC	
Beth Brant					***************************************			
Street Address	Employer	/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
4033 Garrard Drive							check	
City	Sta		Zip Code	М	D	Y	Amount	
Columbus	0	Н	43207	0 3	1 5	1 0		70.00
Full Name of Contributor				Registr	ation Nu	mber, if P	AC	
Patricia Gaines					~~~			
Street Address	Employe		Form (Cash, Check, etc.)					
11350 Overbrook Ln					check			
City	Sta	te	Zip Code	М	D	Y	Amount	
Galena	0	Н	43021	0 3	1 5	$0 \mid 1 \mid 0$		80.00
Full Name of Contributor	namen and the second se	A CONTRACTOR OF THE PARTY OF TH		Registr	ation Nu	mber, if P	'AC	
Emily Straub								
Street Address	Employe				Form (Cash, Ch	eck, etc.)		
551 Springwood Lake Dr	ļ						check	
City	Sta	ite	Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230	0 3	1 5	5 1 0	1	65.00
Full Name of Contributor		***************************************		Registr	ation Nu	mber, if F	AC	
Brenda Eckard								
Street Address	Employe	B	Form (Cash, Check, etc.)			eck, etc.)		
4839 Hawkstone							check	
City	Sta	ite	Zip Code	M	D	Y	Amount	
Hilliard	0	H	43026	0 3	1 5	5 1 0	1	65.00
Full Name of Contributor						mber, if I	PAC	
James Micciulla								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	ieck, etc.)	
855 Humboldt Drive							check	
City	Sta	ate	Zip Code	M	D	Y	Amount	
Gahanna	0	Н	43230	013	3 1 5	5 1 0)	60.00
Full Name of Contributor		A STATE OF THE PARTY OF THE PAR	1	THE RESERVE OF THE PERSON NAMED IN	CONTRACTOR OF THE PARTY OF THE	ımber, if l		
Christina Demetry				1				
Street Address	Employer/Occupation/Labor Organization*				***************************************		Form (Cash, Ch	neck, etc.)
889 Dennison Ave							check	
	State Zip Code			M	D	Y	Amount	
Columbus		Н	43215	0 3		J .	1	42.00
Columbus						***************************************	AND DESCRIPTION OF THE PARTY OF	

Page Total \$ 502.00

^{*} 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)]