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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Barrens and the second						ocanin-companiona	***************************************	
Name of Committee in Full								
Citizens for Quality Schools				ID		in a company		
Full Name of Contributor				Registra	tion Num	ber, if PA	AC:	
Beth Heaton	1 :			<u> </u>			F (0-1-0)	
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
1343 Bread St			Y		1	,	check	· · · · · · · · · · · · · · · · · · ·
City	Sta		Zip Code	M	D	Y	Amount	
Gahanna	0	Н	43230	0 3		1 0		40.00
Full Name of Contributor				Registra	tion Num	ber, if PA	AC	
Lorie McCarter								
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
582 Witham Ct							check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230	0 3	0 9	1 0		20.00
Full Name of Contributor			A 10 1 10 10 10 10 10 10 10 10 10 10 10 1	Registra	tion Nun	iber, if P	AC .	
Rod Calloway								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8751 Canada Ct							check	
	Sta	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230	0 3	0 9	1 0		100.00
Full Name of Contributor	1	ectnomeswavenesses		and the same of the same of	and the second second	ber, if P		
Amy Gray								
Street Address	Employe	r/Occup	ation/Labor Organization*	- A	manaconstantantantes	***************************************	Form (Cash, Che	eck, etc.)
8189 Chateau Ln		·	-				check	
City	St	ate	Zip Code	М	D	Y	Amount	
Westerville	0	Н	43082	0 3	0 9	10		80.00
Full Name of Contributor			1 10002		National Philippine	nber, if Pa	AC	00,00
Laurie Stewart						,		
Street Address	Employe	r/Occup	ation/Labor Organization*	<u> </u>		COO. CO. CO. CO. CO. CO. CO. CO. CO. CO.	Form (Cash, Che	eck etc)
6494 Bromfield Dr	Disploye	лосоцр	accombacon organization				check	, , , , , ,
City	St	ate	Zip Code	M	D	ΙΥ	Amount	
	0	Н	43082	0 3	1	1	i i	50.00
Westerville Full Name of Contributor			1 43002			nber, if P		50.00
				Rogisur	icion riun			
Tamara Bowsher Street Address	Employe	r/Occup	nation/Labor Organization*	<u> </u>	*************	<del>enterestitut temate</del>	Form (Cash, Ch	eck etc )
793 Ashford Glen Ct	Employer/Occupation Dation Organization					check		
City	S+	ate	Zip Code	М	D	ΙΥ	Amount	
	0	H	43230	0 3	0 9	1	l .	70.00
Gahanna Full Name of Contributor	ΙU	* +	43230	need a succession of the succession	Activities and the second	nber, if P.	dan marka and a second	70.00
				vegizus	ttion ivui	noci, n r	AC	
Lori Whipple	In	/0	// / / · · · // · · · · · · · · · · · ·	l			Form (Cash, Ch	and ata )
Street Address	Employe	er/Occup	oation/Labor Organization*				1	eck, etc.)
490 Shaker Dr	<u> </u>		Ia: 6 1	1	1 5	1 17	check	
City	1 _	ate	Zip Code	M	D	Y	Amount	60.00
Gahanna	<u>  O</u>	Н	43230	0 3	0 9		<u> </u>	60.00
Full Name of Contributor				Registra	ation Nur	nber, if P	AC	
Daniel Bailey	· · · · · · · · · · · · · · · · · · ·						***************************************	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
956 Ridge Crest Dr					η		check	
City	_	ate	Zip Code	M	D	Y	Amount	
Gahanna	<u> </u>	H	43230	0 3	0 9	10		50.00

Page Total \$ 470.00

<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)]