## Statement of Contributions Received

Prescribed by Secretary of State 3/05

y co i an an				
Name of Committee in Full				
Citizens for Quality Schools Full Name of Contributor			p - 1 1 - N - 1 ich	A.C.
			Registration Number, if P	AC
Sarah Hensley	F 1 10			E (O   O
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
322 Rocky Springs Drive				check
City	State	Zip Code	M D Y	Amount
Blacklick	O   H	<u>43004</u>	0 9 2 8 1 0	
Full Name of Contributor			Registration Number, if P	AC
Brandyce Cogar				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
11113 Lafayette Drive				check
City	State	Zip Code	M D Y	Amount
Parma Heights	O   H	44130	0 9 2 8 1 0	30.00
Full Name of Contributor	• "		Registration Number, if P.	AC
Sharon Suriano				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
5784 Albany Green				check
City City City City City City City City	State	Zip Code	M D Y	Amount
Westerville	O   H	43081	0 9 2 8 1 0	30.00
Full Name of Contributor			Registration Number, if P.	AC
Kimberly Frasher			ŀ	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
212 Brookhill Dr				check
City	State	Zip Code	M D Y	Amount
Gahanna	O   H	43230	0 9 2 8 1 0	50.00
Full Name of Contributor	•	<del></del>	Registration Number, if P.	
Debbie Palmer				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
629 Sycamore Place				check
City	State	Zip Code	M D Y	Amount
Gahanna	OLH	43230	0 9 2 8 1 0	25.00
Full Name of Contributor			Registration Number, if P.	
Janel Bowman				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
84 Nob Hill Dr North				check
City	State	Zip Code	M D Y	Amount
Gahanna	0   H	43230	0 9 2 8 1 0	50.00
Full Name of Contributor	ŢÜİ	10200	Registration Number, if P.	
Alexandra Deck				
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
187 Laura Dr				check
City	State	Zip Code	M D Y	Amount
Gahanna	OH	43230	0 9 2 8 1 0	
Full Name of Contributor	101	40200	Registration Number, if P.	
Jodi Cain			regionalion ( tambor, in )	•
Street Address	Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.)
740 N Hamilton Rd	Zimpioj viroteu	January Organization		check
City	State	Zip Code	M D Y	Amount
Gahanna	O H	43230	0 9 2 8 1 0	
Gallallia	<u>  U   11</u>	43430	[019]2[0]1]0	20.00

\* 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 S	260.00