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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	***************************************					
Name of Committee in Full						
Citizens for Quality Schools Full Name of Contributor			Remistrat	ion Num	ber, if PA	<u> </u>
			registrat	JOH PAUL	JCI, 11 1 7 1	,
Lilian Acker	FInvestOnes	pation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	EmployenOcce	ipation/Labor Organization				· ·
1061 Arcaro Ct	D	12: 0			1 1/	check
City	State	Zip Code	M	D	Y a a	Amount
Gahanna	<u> </u>	43230	0 4		111	25.00
Full Name of Contributor			Kegistra	non Num	ber, if PA	C
Aaron Winner						Form (Cash, Check, etc.)
Street Address	Employer/Occi	pation/Labor Organization*	•			Form (Cash, Check, etc.)
4425 Candelwick Circle		T			1	· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code	M	D C	Y	Amount
Columbus	O H	43230	0 4	0 6		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
miscellaneous under \$25						In (2) 20 1 2
Street Address	Employer/Occi	ipation/Labor Organization*	•			Form (Cash, Check, etc.)
						cash
City	State	Zip Code	M	D	Y	Amount
			0 4			25.00
Full Name of Contributor			Registra	tion Num	iber, if PA	.C
						In (0.1.0)
Street Address	Employer/Occ	upation/Labor Organization*	*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y .	Amount
			İ			<u> </u>
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC .
						To
Street Address	Employer/Occ	Employer/Occupation/Labor Organization* Form (Ca			Form (Cash, Check, etc.)	
						
City	State	Zip Code	M	D	Y,	Amount
						<u> </u>
Full Name of Contributor			Registra	ition Nun	nber, if PA	AC .
Street Address	Employer/Occ	upation/Labor Organization	*			Form (Cash, Check, etc.)
					.,	
City	State	Zip Code	М	D) Y	Amount
					<u> </u>	<u> </u>
Full Name of Contributor	_		Registra	ation Nun	nber, if PA	AC .
Street Address	Employer/Occ	upation/Labor Organization	•			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
						<u> </u>
Full Name of Contributor			Registra	ation Nur	nber, if P	AC .
		·-···				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
		101 10 11 1	10 1 1 1		7 .1	C.I.

• 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	\$ 150.00