## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

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Name of Committee in Full			7						
Citizens for Quality Schools		SACROTTIC CONTRACTOR C			· · · · · · · · · · · · · · · · · · ·				
Full Name of Contributor					Registration Number, if PAC				
Fred Donelson				<u> </u>	andinoreliana mercel				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
787 Headley Place		.,					CC		
City	l _	ate	Zip Code	M	D	Y	Amount	a == 0.0	
Gahanna	0	H	43230	0 3		$1 \mid 0$		15.00	
Full Name of Contributor				Registra	tion Num	iber, if PA	VC.		
Julia Cromwell Shutsa		<i>'</i> 0					C (C ) C	1 . 1 . 4 . )	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
850 Eaglenest Ave			12'-0-1-	1 1/	T 5	l v	CC		
City		ate H	Zip Code	M	D	1 0	Amount	1.00	
Akron Full Name of Contributor	O	11	44303	0 3		1 0 aber, if P	L	1.00	
				Registra	шон мип	ioei, li PA	10		
Beth Cotner	[c1	ar/O	action/Labor Organization*		station parameters to		Form (Coch C	heck etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
262 Faye Drive		ate	Zip Code	М	D	ΙΥ	CC Amount		
	1	ate H	1 '		1	1 .	Amount	5.00	
Gahanna Full Name of Contributor	0	11	43230	0 4		1 0 nber, if P/	\	5.00	
				registra	idon iyull	ioei, ii P			
Kevin Sheets Street Address	Employ	er/Occur	nation/Labor Organization*	_L			Form (Cash C	heck etc.)	
	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
209 Glenhurst Court		ate	Zip Code	М	D	Y	CC Amount		
	O	H H	43230	$\begin{vmatrix} M \\ 0 \end{vmatrix} 4$	1 .	1	anount	5.00	
Gahanna Full Name of Contributor	<u> </u>	1 1	1 43430			nber, if P	A.C.	5.00	
				подіза	, aon i vuli				
Julie Becker Street Address	Employer/Occupation/Labor Organization*					CONTRACTOR COURSE	Form (Cash, C	heck etc.)	
	Employ	occup	pation bacor Organization				CC		
466 Whitson Drive		tate	Zip Code	М	D	Y	Amount		
		H	43230	$0 \mid 4$	1 .	1	8	25.00	
Gahanna Full Name of Contributor	10		1 TULUU		A DESCRIPTION OF THE PARTY OF T	nber, if P	THE RESERVE OF THE PARTY OF THE	40,00	
				. cogisar		11 1 1			
Al McKenna Street Address	Employ	er/Occur	pation/Labor Organization*				Form (Cash, C	heck etc.)	
	Employer Occupation Dator Organization								
202 Academy Ct W		tate	Zip Code	M	D	ΤΥ	CC Amount		
	0	H	43230	$0 \mid 4$	1 .	1		100.00	
Gahanna Full Name of Contributor	1 9		1 40400	anana waxaa aa	The state of the s	nber, if P	A.C.	100.00	
Starr Winston				gisu		11 1 1			
Street Address	Employ	er/Occur	pation/Labor Organization*	L			Form (Cash, C	Theck, etc.)	
7617 Hutton Street	anniproj di detaparate diado. di Santanion						CC		
City	S	tate	Zip Code	М	D	Y	Amount		
Blacklick	O	Н	43230	0 4	1 .	1 .		5.00	
Full Name of Contributor	Registration Number, if P					AC	0.00		
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Street Address	Employer/Occupation/Labor Organization*			Bonnesson	Form (Cash, Check, etc.)				
			. •					•	
City	S	tate	Zip Code	M	D	Y	Amount		
equired for contributions from individuals over \$100 to states	ide and general acc	ambly co	andidates If contributor is celf	Cemployed	the occur	nation an	d the name of t	10	

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Page Total \$	156.00

<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)]