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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	· · · - · · · · · · · · · · · · · · · ·						
Name of Committee in Full							
Citizens for Quality Schools							
Full Name of Contributor				Registration Number, if PAC			
Alissa Gardner							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
5907 New Albany Rd W						check	
City	State	Zip Code	M	D	Y	Amount	
New Albany	OIH	43054	0 4	2 1	1 1		20.00
Full Name of Contributor		"	Registrat	ion Num	ber, if PA	С	
Beth Brant							
Street Address	Employer/Occup				Form (Cash, Che	ck, etc.)	
4033 Garrard Drive						check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43207	0 4	2 1	1 1		50.00
Full Name of Contributor		<u> </u>			ber, if PA	С	
Karie Gregory			1			_	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
3547 Babbert Rd						check	
City	State	Zip Code	М	D	Y	Amount	
Blacklick	ОІН	43004	014	2 1	1 1		50.00
Full Name of Contributor		1 10001			ber, if PA	С	
Amy Clark							
Street Address	Employer/Occupation/Labor Organization*				_	Form (Cash, Che	ck, etc.)
373 Durbarton Road	Employer Secupation 13a001 Organization			check			
City	State	Zip Code	М	D	Y	Amount	
•	OH	43230	014	2 1	1 1		10.00
Gahanna Full Name of Contributor	0 11	40200			ber, if PA	C	10.00
			inegiau a	aon rum	001, 11 11	.0	
John Marette	Timelauer/Occur	ation/Labor Organization*		-		Form (Cash, Che	ck etc.)
Street Address	EmployenOccup				check		
3952 Chowning Ct	C:	Inc. C. I.	Lv	<u> </u>	Y	Amount	
City	State H	Zip Code	M	D	1 1 1	Amount	20.00
Columbus	Oin	43220	0 4	2 1	ber, if PA	6	20.00
Full Name of Contributor			Registra	lion Num	iber, if FF	···	
Deborah Hoffman Employer/Occupation/Labor Organization* From (Cash, Check							-1 -4-X
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*					eck, etc.)
6271 Turret Dr		T	· · · · · · · · ·			check	
City	State	Zip Code	M	D	Y	Amount	20.00
Blacklick	OiH	43004			1 1		20.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
Anne Weilbacher							
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
1213 Oakwood Lane						check	
City	State	Zip Code	М	Ð	Y	Amount	
Westerville	0 H	43081	014	2 1	1 1		20.00
Full Name of Contributor			Registra	tion Num	ber, if PA	VC .	
Tracie Clay			l_				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
394 Beecher Road						check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	43230	014	21	111	!	20.00
equired for contributions from individuals over \$100 to statew	ide and general assembly cand				_	name of the	

* 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 \$ 210.00