Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for Quality Schools								
Full Name of Contributor		_		Registrat	ion Num	er, if PA	С	
Aimee Amer								
Street Address	Employer/O	ccup	ation/Labor Organization*				Form (Cash, Ch	eck. etc.)
1302 Totten Dr		•	Ŭ				check	•
City	State		Zip Code	M	D	Υ	Amount	
New Albany	0	Н	43054	1 0	1 6	1 4		50.00
Full Name of Contributor		_				er, if PA	С	70.00
Richard Oxley								
Street Address	Employer O	ссира	ation/Labor Organization*				Form (Cash. Ch	eck, etc.)
253 E. Schrock Rd		-	-				check	•
City	State		Zip Code	M	D	Y	Amount	
Westerville	Ο	h	43081	1 0	2 1	1 4		100.00
Full Name of Contributor			10001			er, if PA	c	100.00
Yard Sign Donations (\$5 a sign)				•				
Street Address	Employer, O	ccup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1							Cash	
City	State		Zip Code	M	D	Y	Amount	
				1 0	2 1	1 4		85.00
Full Name of Contributor	-					ют, if PA	С	
Yard Sign & T-Shirt Donations								
Street Address	Employer/O	ссир	ation/Labor Organization*				Form (Cash, Cl	eck, etc.)
							cash	
City	State		Zip Code	M	D	Y	Аточи	
				1 0	2 1	1 4		107.00
Full Name of Contributor				Registrat		er, if PA	С	
Jody Cox								
Street Address	Employer/O	ccup	ation/Labor Organization*			`	Form (Cash, Cl	eck, etc.)
955 Avir Ct							check	
City	State		Zip Code	M	D	Y	Amount	
Gahanna	Ο	Η	43230	1 0	2 1	1 4		17.00
Full Name of Contributor				Registrat	ion Num	ber, if PA	Ċ	
Cash donations less than \$20 from Gah Lincoln Elementary								
Street Address	Employer, O	ccup	ation/Labor Organization*				Form (Cash. Cl	eck, etc.)
							cash	
City	State		Zip Code	M	D	Y	Amount	
				1 0	2 1	1 4		160.00
Full Name of Contributor				Registrat	ion Num	ber, if PA	С	
Cash donations less than \$20 from Hig	h Point	Ele	ementary					
Street Address	Employer: 0	есир	ation/Labor Organization*				Form (Cash. Cl	eck, etc.)
							cash	
City	State		Zip Code	M	D	Y	Amount	
				1 0	2 1	1 4		71.00
Full Name of Contributor				Registrat	ion Num	ber, if PA	.c	
T-Shirt Donations								
Street Address	Employer O	ation/Labor Organization*		-		Form (Cash. Cl	ieck, etc.)	
						:	cash	
City	State		Zip Code	M	D	Y	Amount	
				1 0	2 1	1 4		198.00

^{*} 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)]