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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		STAN VIII VIII VIII VIII			***************			egenga gangalan Sasa manananahan Sasa Sasahahan
Name of Committee in Full								
Citizens for Quality School					****			
Full Name of Contributor				Registra	tion Nun	nber, if Pa	4C	
Sherry Owens					221 W 11/2 W 12/2 W 12/			
Street Address	Employ	ег/Оссир	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
92 Prestwicke Mill							check	
City	Si	ate	Zip Code	M	D	Y	Amount	
Blacklick		H	43004	0 3	0 2	1 0		70.00
Full Name of Contributor					description of the second	ber, if P	AC .	nanamanyanjanjanjanjan
Jeffrey Lawless								
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
244 W Henderson Rd							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43214	00 3	0 2	1 0		47.00
Full Name of Contributor					A SHIP SHAPE	ber, if P	AC .	17.00
Jack Kruse						·		
Street Address	Employe	er/Occup	ation/Labor Organization*	. L.			Form (Cash, Che	ck. etc.)
8320 Schleppi Rd	` `	•	Ü				check	,,
City	St	ate	Zip Code	M	D	Y	Amount	·······
Westerville	0	Н	43081	0 3	1	1 0		50.00
Full Name of Contributor		eccession de la company	1 40001	The second second	Company of the Compan	ber, if P	1 1	30.00
Jonna Gordyan				1.05.5		1001, 11 1 1		
Street Address	Employe	er/Occup	ation/Labor Organization*	<u> </u>		Name of the last o	Form (Cash, Che	ok ato
515 Donor Pond Dr	Zinpioy	л оссир	actions Eacon Organización				check	JK, GIU.)
City	St	ate	Zip Code	M	D	ΙΥ	Amount	
Blacklick		Н	43004	0 3	1 .	1	Amount	E0.00
Full Name of Contributor		* *	43004	NAME AND ADDRESS OF THE OWNER, WHEN		1 0 ber, if P		50.00
Deborah Jados				Registra	aon num	iber, if PA	AC.	
Street Address	Employe	r/O2211	ation/Labor Organization*	<u> </u>			E (C.) C	
8306 Altair St	Employe	и/Оссира	ation/Labor Organization				Form (Cash, Che	ck, etc.)
City		ate	7:-0-1	1	<u> </u>	1	check	***
	_	ate H	Zip Code	M	D	Y	Amount	20.00
Columbus Full Name of Contributor	10	7.7	43240	0 3	0 2	1 0		30.00
Registration Number, it is Ac-								
Donja Bridges Street Address	Ir. I	10	(1 0 1 t		***************************************	-		market distribution
	Employe	i/Occupa	ation/Labor Organization*				Form (Cash, Che	ok, etc.)
2788 E Livingston Ave			In: 6 1				check	
	l _	ate 🎞	Zip Code	M	D	Y	Amount	
Columbus Full Name of Contributor	<u> </u>	Н	43209	0 3	0 2	1 0		25.00
				Registra	tion Num	ber, if PA	AC	
Marc Ross				<u> </u>				
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
897 Plum Ridge							check	
City	1 _		Zip Code	M	D	Y		
Columbus	10	Н	43213	0 3	0 2	1 0		65.00
Full Name of Contributor Registration Number, if PAC								
Susan Moore								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Ched	ck, etc.)
1042 Kenwick Rd		~~~					check	
City	Sta		Zip Code	M	D	Y	Amount	
Columbus	0	H	43209	0 3	0 2	1 0		80.00

Page Total \$	417.00
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^{*} 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)]