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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	VIII PARAMETER PROPERTY AND ADDRESS OF THE PARAMETER PROPERTY AND ADDR			organización de la constantida	Maria de la compansión de			
Name of Committee in Full Citizens for Quality Schools								
Citizens for Quality Schools Full Name of Contributor	******************	-		Dacist	tion M	mbor if D	A.C.	
				registra	uon Nu	mber, if Pa	nc .	
Ricky Hauser	Em-la-	r/Oc	otion// abor Organization*	<u></u>	nother installed		Form (Ct- C)	and otal
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
588 Ridenour Rd	<u> </u>		In: O i	7	7	T	check	
City	I	ate	Zip Code	M	D	Y	Amount	00.00
Gahanna	10	H	43230	0 3	A CONTRACTOR OF THE	THE RESERVE OF THE PARTY OF THE		20.00
Full Name of Contributor				Registra	ition Nu	mber, if Pa	AC	
Stefanie Passwater	1- ;			_	~~	niowin-two-tra-wa	Charles and the second	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
834 Citation Dr SW							check	
City	i	ate	Zip Code	M	D	Y	Amount	
Pataskala	10	H	43062	0 3	in a construction of		<u>L</u>	60.00
Full Name of Contributor				Registra	tion Nu	mber, if Pa	AC	
Angela Adrean	T			<u> </u>	and the same of th	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
340 Buck Run Trl					check			
City		ate	Zip Code	M	D	Y	Amount	
Westerville	10	H	43082	0 3		CONTRACTOR OF THE PARTY OF THE	Contract of the Contract of th	125.00
Full Name of Contributor				Registra	ition Nu	mber, if Pa	AC	
Clark Lockett								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
329 Westerdale					check			
City	I	ate	Zip Code	M	D	Y	Amount	
Gahanna		Н	43230	0 3		urmanuma manana		80.00
Full Name of Contributor				Registra	ation Nu	mber, if P	AC	
Lori Scott			•		·		Barrania stationalismosia	tunaominamonomonemon
Street Address	Employer/Occupation/Labor Organization*			* 0			Form (Cash, Ch	eck, etc.)
1815 Misty Way			·		·	-	check	***************************************
City	1 .	ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43232	0 3		and an income the same of		87.00
Full Name of Contributor				Registra	tion Nu	mber, if P.	AC	·
Kimberly Parson								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Ch	eck, etc.)			
740 White Tail					W-19-10-10-10-10-10-10-10-10-10-10-10-10-10-		check	
City	Sta		Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230	0 3	0 2	2 1 0		90.00
Full Name of Contributor				Registra	ition Nu	mber, if P.	AC	
Matthew Anderson								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
995 Martin Grove Ct							check	
City	Sta		Zip Code	М	D	ł	Amount	
Westerville	0	H	43081	0 3	0 2	2 1 0		50.00
Full Name of Contributor Registration Number, if PAC								
Megan Woodburn								
Street Address	Employe	г/Оссира	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
8122 Ramaya Crossing Dr							check	
City	Sta	ate	Zip Code	M	D	Y	Amount	
Blacklick	0	H	43004	0 3	0 2	2 1 0		60.00

Page Total \$	572.00

^{*} 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)]