

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Quality Schools				Designation Number (CDAC			
ull Name of Contributor			Registrat	Registration Number, if PAC			
Sherrly Bourgeois						Form (Cash, Che	oole sto
Street Address	Employer/Occup	pation/Labor Organization*					eck, etc.)
4130 Maize Rd					l	check	
City	State	Zip Code	M	D	Y	Amount	100.00
Columbus	OH	43224		0 2			100.00
Full Name of Contributor			Registrat	10n Num	ber, if PA	AC.	
Stephanie Heter							
Street Address	Employer/Occur				Form (Cash, Ch	eck, etc.)	
950 Timothy Dr						check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	O H	43230	0 3		$1 \mid 0$		50.00
Ill Name of Contributor Registration					ber, if PA	AC .	
James Nicholoson				ninni idaine			
Street Address	Employer/Occu					eck, etc.)	
8063 Dunaway Lane							
City	State	Zip Code	М	D	Y	Amount	
Westerville	0 H	43082	0 3	0 2	1 0		62.00
Full Name of Contributor			Registra	tion Num	iber, if Pa	4C	
Timothy Skamfer							
Street Address	Employer/Occu	pation/Labor Organization*	*	COLUMN TO THE CO		Form (Cash, Ch	ieck, etc.)
795 Pimlico Dr					check		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	0 3	0 2	1 0		89.00
Full Name of Contributor			THE OWNER WHEN THE PARTY OF THE		ber, if P	AC	
Dorothy Kerr							
Street Address	Employer/Occu	k	TF.			Form (Cash, Check, etc.)	
8289 Dustin Rd		-				check	
City	State	Zip Code	M	D	Y	Amount	
Galena	OH	43021	0 3	0 2	1 0		90.00
Full Name of Contributor		1			ber, if P.		
Amanda Hunt							
Street Address	Employer/Occu	pation/Labor Organization*	*			Form (Cash, Cl	neck, etc.)
3939 N Waggoner Rd						check	
City	State	Zip Code	М	D	, Y	Amount	
Blacklick	OH	43004	0 3	i .	1 0		45.00
Full Name of Contributor		1 10001		the same of the same of	iber, if P		
Chris Linnabary							
Street Address	Employer/Occi	pation/Labor Organization*	*			Form (Cash, Cl	heck, etc.)
888 Reindeer Lane	Employon Occi					,	
City	State	Zip Code	M	D	Y	check Amount	
l ·	OH	1 '	0 3	1	1 0	1	85.00
Gahanna Full Name of Contributor		1 70400	TOTAL PROPERTY OF THE PARTY OF	The second second	nber, if P	**************************************	00.00
1			I Cognition				
Lynn Mauch Street Address	Employer/Occ.	ipation/Labor Organization'	<u> </u>		on the second second second	Form (Cash, C	heck, etc.)
	Limployer/Occupation/Labor Organization				check		
275 Ainsworth Ave	State	Zip Code	М	D	ΙΥ	Amount	
City	1	1 '	1	1	1	1	50.00
Gahanna	O H	43230	1013	0 2	1110		50.00

* 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)]

Page Total \$ 571.00