## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

		***						
Name of Committee in Full								
Citizens for Quality Schools		Denomination			-	-		
full Name of Contributor				Registration Number, if PAC				
Kristen Smith				_L				
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
442 High Meadows Village							check	
City	St	ate	Zip Code	M	D	Y	Amount	
Powell	0	H	43065	0 3	0 2	1 0		40.00
Full Name of Contributor				Registra	tion Nun	iber, if P	AC	
Lauren Carr								
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)
335 Amfield Ct							check	
City	St	ate	Zip Code	M	D	Y	Amount	
Gahanna	0	H	43230	0 3	0 2	1 0		38.00
Full Name of Contributor				Registra	tion Nun	ber, if P	АC	
Maria Mountain								
Street Address	Employer/Occupation/Labor Organization*					******************************	Form (Cash, Che	eck, etc.)
155 Greenbank Road							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230	0 3	0 2	1 0		50.00
Full Name of Contributor						ber, if P	AC	
Sarah Dove								
Street Address	Employe	er/Occup	ation/Labor Organization*			A STATE OF THE PARTY OF THE PAR	Form (Cash, Che	eck, etc.)
2124 Millrow Loop	l	Lianness et al.			check			
City	St	ate	Zip Code	М	D	Y	Amount	
Dublin	0	Н	43016	0 3	0 2	1 0		10.00
Full Name of Contributor	The second second second					ber, if P.	AC	<u> </u>
Aimee Crites Gayer								
Street Address	Employe	er/Occup	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
199 Walnut St							check	
City	Sı	ate	Zip Code	М	D	Y	Amount	
Gahanna	10	H	43230	0 3	0 2	1 0		25.00
Full Name of Contributor	THE RESERVE OF THE PERSON OF T					nber, if P.	AC	
Lisa Hebert								
Street Address	Employer/Occupation/Labor Organization*					<del>Topisolii ildə tərə</del>	Form (Cash, Ch	eck, etc.)
51 Walcreek Dr							check	
City	Si	ate	Zip Code	M	D	Y	Amount	
Gahanna	0	H	43230	0 3	0 2	10		100.00
Full Name of Contributor				CONTRACTOR PROPERTY CONTRACTOR CO	Company of the last of the las	nber, if P.	<b>M</b> ATERIA STATE OF THE PARTY OF	
Amanda Caldwell				1				
Street Address	Employ	ег/Оссир	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
2064 Coleman Dr							check	
City	Si	ate	Zip Code	М	D	ΙΥ	Amount	······································
Columbus	0	Н	43235	0 3	0 2	1 0		60.00
Full Name of Contributor		Outstannessenson				nber, if P	The second control of	
William Watson								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
3497 Farley Dr	' '						check	
City	S	ate	Zip Code	М	D	Y	Amount	
Hilliard		ΙH	43026	0 3	1	1	K .	50.00
LIMMU			1 1004.0	1717	$_{\perp}$	7 + 1 7	<u> L</u>	50.00

Page Total \$ 373.00

<sup>\*</sup> 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)]