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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		Angelia (1900)				***************************************		
Citizens for Quality Schools Full Name of Contributor		on was the case		Registra	tion Nur	ber, if PA	VC	
				itogisti u	on rran	1001, 11 1 7		
C Richardson	IEmployee/	Osaun	ation/Labor Organization*				Form (Cash, Che	ock etc.)
Street Address	Employen	Occup	ation/Laudi Organization				check	ock, cic.j
266 Blue Jay Dr	0		7: 0.1	l M	D	Y	Amount	
City	State	H	Zip Code	I .	1	1	Amount	E0.00
Columbus		11	43235	0 3				50.00
Full Name of Contributor				Registra	uion Nun	ber, if PA	1 C.	
Kathryn Anderson				_L	*****************	syptyment in the same of the s	E (0.1.0L	
Street Address	Employer/	Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
3259 Vinton Park Place					,		check	
City	State		Zip Code	M	D	Y	Amount	
Hilliard	O	H	43026	0 3				60.00
Full Name of Contributor				Registra	ition Nun	ber, if P	AC	
Jerry Mackey					SELECTION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C	0.0000000000000000000000000000000000000		***************************************
Street Address	Employer/	Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
2224 Berry Hill Dr					~			
City	State		Zip Code	М	D	Y	Amount	
Grove City	0	Н	43123	0 3	0 2	1 0		40.00
Full Name of Contributor				Registra	ition Nun	iber, if P	4C	
Pamela Cook					National Association			ATTORNA 1 TO 1 T
Street Address	Employer/	Оссир	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
131 Bellebrooke Dr							check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Pataskala	0	Н	43062	0 3	0 2	1 0		50.00
Full Name of Contributor		*****************		Registra	ation Nur	nber, if P	AC	
Amy Carter								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
151 Rivers Edge Way							check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230	0 3	0 2	1 0		30.00
Full Name of Contributor		-				nber, if P.		
Thomas Gregory								
Street Address	Employer/	Оссир	ation/Labor Organization*	- Commence			Form (Cash, Ch	eck, etc.)
3547 Babbitt Rd							check	
City	Stat	e	Zip Code	M	D	Y	Amount	
Blacklick	0	H	43004	0 3	0 2	10		80.00
Full Name of Contributor				THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED	CONTRACTOR OF THE PARTY OF THE	nber, if P.	A STATE OF THE PARTY OF THE PAR	
Donna Bush								
Street Address	Employer	Occup	ation/Labor Organization*		***************************************		Form (Cash, Ch	eck, etc.)
4512 Neiswander Square	' '		· ·				check	
City	Stat	<u>———</u>	Zip Code	M	D	Y	Amount	
New Albany	0	Н	43054	0 3	i	1 0		100.00
Full Name of Contributor			1 2001			nber, if P	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	
Michael Kralovic						,		
Street Address	Employer	Occur	pation/Labor Organization*	<u> </u>		Minimum management	Form (Cash, Ch	eck, etc.)
1984 Elbert Dr	Zampio yori Goodpadorii zadori Granizadori			check				
City	Stat	e	Zip Code	М	D	Y	Amount	
# - T	O	Н	43065	0 3	i		i	50.00
Powell			1 40000	1013	1012	IIIU		50.00

Page Total	\$ 460.00
	100.00

^{*} 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)]