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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			i i i i i i i i i i i i i i i i i i i					
Citizens for Quality Schools			Pagiator	ition Num	her if D	C		
Full Name of Contributor			Kegistia	won mull	.ooi, ii F <i>r</i>	10		
Debra Wilson	E 1 /0					Form (Cash, Ch	ank ato	
Street Address	Employer/Occup	ation/Labor Organization*					eck, etc.)	
7782 Wayfaring Ct		In: 0 1	-1 17	l n		check		
City	State	Zip Code	M	D	Y	Amount	10.00	
Reynoldsburg	O   H	43068	0 3		1 0		10.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	AC.		
Jennifer McClary								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
1639 Ross Road				·y	·····	cash		
City	State	Zip Code	M	D	Y	Amount		
Sunbury	O H	43074	0 3	The second second second	1 0		50.00	
Full Name of Contributor			Registra	ation Nur	ber, if P	AC		
Jim Birath				Variation		***************************************	***************************************	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
6355 Andrews Dr West						cash		
City	State	Zip Code	М	D	Y	Amount		
Westerville	0   H	43082	0 3	0 9	1 0		80.00	
Full Name of Contributor				ation Nun	Annie de la constitución de la c	4C		
Sarah Fairchild								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
150 S Huron						cash		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43204	0 3	0 9	1 0		20.00	
Full Name of Contributor			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	ation Nun	NAME OF TAXABLE PARTY.	AC		
Timoth Feeney								
Street Address	Employer/Occupation/Labor Organization*				<del>ala-julyakana</del>	Form (Cash, Cl	ieck, etc.)	
667 E College Ave	1	<u> </u>				cash	•	
City	State	Zip Code	M	TD	Y	Amount		
Westerville	OH	43081	0 3	1	10		20.00	
Full Name of Contributor		1 10001	enconcrete (concrete contente con	ation Nun	and the second second second	AC	-0.00	
Cheryl Kempf			1.00.50		,			
Street Address						neck, etc.)		
	Employerroccup	and a second of guillation				cash	,/	
241 E North Broadway	State	Zip Code	М	D	ΙΥ	Amount		
	O H	43214	03		10	1	90.00	
Columbus Full Name of Contributor		1 40214	A STATE OF THE PARTY OF THE PAR	ation Nun	and the second of the second	Name and Address of the Owner, where the Owner, which is the O	90.00	
			regisu	ation Mill	пост, и г			
Tiffany Hanna Street Address	Emmlarian/O	nation/Labor Occanization*		CONTRACTOR AND TOWNS AND		Form (Cash Cl	neck etc.)	
	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
241 E North Broadway	S	Trin Code	3.7	T D	l v	cash		
City	State H	Zip Code	M	D	Y	Amount	00.00	
Columbus	IO H	43214	0 3		and the second second second		80.00	
Full Name of Contributor			Kegistr	ation Nur	noer, it P	AC		
Tim Gagliarado						- /a		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
7717 Jefferson Dr				1 -	T	cash		
City	State	Zip Code	M	D	Y	Amount	0000	
Canal Wichester	OH	43110	0 3	and the second second second	CONTRACTOR OF THE PARTY OF THE	and the same of th	30.00	
equired for contributions from individuals over \$100 to state	wide and general assembly ca	ndidates. If contributor is se	lf-employed	the occu	pation an	d the name of th	e	

Page T	otal \$	380.00
. 450 .	otui v	360.00

<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)]