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Statement of Contributions Received

Prescribed by Secretary of State 3/05

V 50 % 5 F #						
Name of Committee in Full						
Citizens for Quality Schools Full Name of Contributor			Dagietesti	on Number, if P	A (?	
			Registrati	on Number, it ri	10	
Renee Snyder	Employer/Occur	pation/Labor Organization*			Form (Cash, Ch	ands ato)
7030 Breckton Pl	Employer/Occup	Janon Ciganization			check	icck, cic.)
City	State	Zip Code	М	D Y	Amount	
1 •	O	43054	0 9	_		45.00
New Albany Full Name of Contributor	10 11	43034		on Number, if Pa		40.00
			Registrati	on runner, n i	10	
Matthew Cygnor Street Address	Employer/Occur	pation/Labor Organization*		=	Form (Cash, Ch	neck etc.)
4228 Clark Shaw Rd	Employer/Geea	pation bacot organization			check	icen, cic.,
City	State	Zip Code	М	D Y	Amount	
Powell	OH	43065				130.00
Full Name of Contributor		1 40000		on Number, if P		150.00
Rae Harriott-White						
Street Address	Employer/Occur	pation/Labor Organization*			Fonn (Cash, Ch	neck, etc.)
1744 Harrison Pond Drive					check	• • • • • • • • • • • • • • • • • • • •
City	State	Zip Code	М	D Y	Amount	
New Albany	OLH	43054	019	1 7 1 0	l.	100.00
Full Name of Contributor	1 0 1	10001		on Number, if P.		100.00
Sue Everhart			ĺ	,		
Street Address	Employer/Occur	pation/Labor Organization*			Form (Cash, Ch	neck, etc.)
6500 Eagle Point Court		•			check	
City	State	Zip Code	М	D Y	Amount	
Blacklick	OH	43004	019	1 7 1 0	, .	50.00
Full Name of Contributor				on Number, if P.	AC	
Linda Green						
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Cl	neck, etc.)
3294 Aronimink Ct.					check	
City	State	Zip Code	М	D Y	Amount	
Pickerington	O H	43147	0 9	1 7 1 0	+	40.00
Full Name of Contributor			Registrati	on Number, if P	AC .	
Sherri Zynda						
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Ch	neck, etc.)
8011 Bellow Park Dr					check	
City	State	Zip Code	M	D Y	Amount	
Reynoldsburg	0 H	43068	0 9	1 7 1 0		100.00
Full Name of Contributor			Registrati	on Number, if P.	AC	-
Dwight Carter						
Street Address	Employer/Occur	pation/Labor Organization*			Form (Cash, Ch	neck, etc.)
8942 Woodside St Nw					check	
City	State	Zip Code	М	D Y	Amount	
Canal Winchester	O H	43119		1 7 1 0		130.00
Full Name of Contributor Registration Number, if PAC						
Robin Schmidt						
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
5125 Royal County Down		1			check	
City	State	Zip Code	M	D Y	Amount	450.00
Westerville	OIH	43082	0 9	1 7 1 0	<u> </u>	150.00

Page Total \$ 745.00			
	Page Total	\$_	745.00

^{*} 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)]