Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			onininamininamana.						
Citizens for Quality Schools Full Name of Contributor				Registration Number, if PAC					
Mindy Wise					Acgistration Number, a FAC				
Street Address	Employer/Occur	nation/Labor Organization*			***************************************	Form (Cash, Ch	eck etc.)		
7921 Blacklick View	Employer/Occupation/Labor Organization*					check			
City	State	Zip Code	M	l D	Y	Amount			
Blacklick	OH	43004	0 3	1 '	1 0	r unount	100.00		
Full Name of Contributor		1 10001		THE PROPERTY OF THE PARTY OF TH	nber, if P	\C	100.00		
Julie Kearney			Ŭ		,				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)		
2453 Nottingham Road					check				
City	State	Zip Code	М	D	Y	Amount			
Upper Arlington	OH	43221	0 3	0 2	1 0		100.00		
Full Name of Contributor	Registration Number, if I					۸C			
Patricia Clark									
Street Address	Employer/Occupation/Labor Organization*			***************************************	***************************************	Form (Cash, Check, etc.)			
328 Lyncroft Court						check			
City	State	Zip Code	М	D	Y	Amount			
Gahanna	OH	43230	0 3	0 2	1 0		50.00		
Full Name of Contributor		44×1000			nber, if P	\ C			
Karen McCafferty									
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
1105 Sleeping Meadow Dr						check			
City	State	Zip Code	М	D	Y	Amount			
New Albany	O H	43054	0 3	0 2	1 0		75.00		
Full Name of Contributor			Registra	ation Nun	nber, if Pa	AC .			
Leslie Kastner						******************************			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
450 Damascus Rd						check			
City	State	Zip Code	M	D	Y	Amount			
<u> Marysville</u>	O H	43040	0 3	NAME OF TAXABLE PARTY.	CONTRACTOR OF THE PARTY OF THE		25.00		
Full Name of Contributor Registration Number, if PAC									
Karen Dawson					Marie and the second of				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
302 Sumption Dr		1		,		check			
City	State	Zip Code	M	D	Y	Amount	40.00		
Gahanna Full Name of Contributor	OH	43230	0 3	and the second second	1 0		60.00		
			Registra	ation Nun	nber, if Pa	AC			
Jessica Shaw	In the second			THE STREET WATER TO STREET			***********		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
4277 Camden Passage Dr	State.	77:- C- 4-		1 5	T 37	check			
Calagrapa	State O H	Zip Code	M	D	Y	Amount	20.00		
Gahanna Full Name of Contributor	OH	43230	0 3	THE PERSON NAMED IN COLUMN TWO	10		20.00		
			vegistra	adon iyan	nber, if Pa	10			
Edward Wintersteller Street Address	Employer/Occur	pation/Labor Organization*	L		***************************************	Form (Cook Ch	eck etc.)		
6946 Spruce Pine Dr	[Exisployer/Occup	Employer Occupation Dation Organization				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	check Amount			
Columbus	OH	43235		0 2	1	vanc	60.00		
COMMINDAD		1 10400	1010	1014		£	00.00		

Page Total \$ 490.00	-
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^{*} 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)]