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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

		Samuel Control		Norman and the second second		*****************************		
Name of Committee in Full								
Citizens for Quality Schools						5 *C P. 4	C	
Full Name of Contributor				Registra	ition Num	oer, if PA	ic.	
Susan Harbage		<i>'</i> ^	<b>6.1</b>		***************************************		F (C - 1 - C)	-l. oto \
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
145 Marrus Dr			Ta:	1			check	
City	l	ate	Zip Code	M	D	Y	Amount	<b>0</b> E 00
Gahanna	l O	Н	43230		0 2	$1 \mid 0$		25.00
Full Name of Contributor				Registra	ition Num	ber, if PA	AC	
Sarah Cline						***************************************		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)
1406 Waveland Dr Apt A			·		,		check	
City	_	ate	Zip Code	M	D	Y	Amount	20.00
Gahanna	0	H	43230	0 3		1 0		38.00
Full Name of Contributor				Registra	ation Num	ber, if PA	AC	
Melissa George				<u> </u>				
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
880 Woodmark Run					·	·	check	
City	i	ate	Zip Code	M	D	Y	Amount	***
Gahanna	0	H	43230	0 3		1 0		20.00
Full Name of Contributor				Registra	ation Nur	iber, if PA	AC .	
Erin Wiegand					KERNYKERISKA (FRANCISCO)		<del>Service de la constante de la</del>	CONTRACTOR OF THE PROPERTY OF
Street Address	Employe	т/Оссир	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
1412 Sedgefield Dr							check	
City	St	ate	Zip Code	М	D	Y	Amount	
New Albany	<u> </u>	H	43054	0 3	CONTRACTOR DE LA CONTRA	1 0		50.00
Full Name of Contributor				Registra	ation Nun	iber, if Pa	AC	
Amanda Keyes								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8807 Lake Ridge Dr	:					·	check	
City	St	ate	Zip Code	M	D	Y	Amount	
Lewis Center	O_	Н	43035	0 3	<u>esekniminingenskinnimininge</u>	1 0		40.00
Full Name of Contributor				Registr	ation Nun	nber, if Pa	AC	
Audrey Timura						NOOD WATERWAY		MANUSARIO M
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	eck, etc.)
4120 Blendon Way Dr							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	H	43230	0 3	0 2	1 0		50.00
Full Name of Contributor				Registr	ation Nun	nber, if P.	AC	
Janel Bowman							000000000000000000000000000000000000000	
Street Address	Employe	er/Occup	oation/Labor Organization*				Form (Cash, Che	eck, etc.)
34 Nob Hill Dr North							check	
City	St	ate	Zip Code	M	D	Y	Amount	
Gahanna	0	H	43230	0 3		•		40.00
Full Name of Contributor				Registr	ation Nur	nber, if P.	AC	
Jennifer VanHorssen								
Street Address	Employ	er/Occup	oation/Labor Organization*	ormenewood			Form (Cash, Ch	eck, etc.)
211 Ashley Court							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	H	43230	0 3	0 2	1 0		100.00

Page Total \$	363.00
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<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)]