## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				veterrere distribution		***************************************		
Citizens for Quality Schools								
Full Name of Contributor					Registration Number, if PAC			
Millstone Benefits Agency								
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
80 Grace Drive		·	-				check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Powell	0	Н	43065	0 3	0 8	1 0		2,500.00
ull Name of Contributor Registration Number, if P.							Annual Company of the	
Eric Jones								
Street Address	Employe	г/Оссир	ation/Labor Organization*		ing azawawa wak		Form (Cash, Ch	eck, etc.)
4840 Driffield Ct							check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43221	0 3	0 8	1 0		50.00
Full Name of Contributor	anne en market en ma	***************************************		Registra	ation Nur	nber, if PA	AC	
Elsie Johnson								
Street Address	Employer/Occupation/Labor Organization*			A contract the contract of the			Form (Cash, Ch	neck, etc.)
362 Baroness Way							check	
City	Sta		Zip Code	M	D	Y	Amount	
Gahanna	0	H	43220	0 3	0 8	1 0		7.00
Full Name of Contributor			***************************************	Registra	ation Nur	nber, if PA	4C	
Cynthia Murray								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	ieck, etc.)
253 Herritage Rd							check	
City	Sta	ate	Zip Code	M	D	Y	Amount	
Gahanna	0	H	43230		0 8		<u></u>	5.00
Full Name of Contributor Registration Number, if PAC								
Melinda Sayre	7				Wileyala manadakan			***************************************
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Cl	ieck, etc.)
965 Taurus			]a: 0 1	1.77	T 5	1 37	check	
City		ate H	Zip Code	M	D	Y	Amount	<b>0</b> E 00
Gahanna Full Name of Contributor	0	11	43230	0 3	and the second second	10	L	25.00
				Registr	ation ivui	nber, if Pa	AC	
Mary Chilcote treet Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)								
Street Address	Employer/Occupation/Labor Organization*						check	ieck, etc.)
2386 Reynoldsburg NA	S+,	ate	Zip Code	M	D	ΙΥ	Amount	
Blacklick	0	H	43004		0 8		1	50.00
Full Name of Contributor			1 43004			nber, if P.	The second secon	30.00
Jodi Eiler				Rogista	auon ma	11001, 11 1 1		
Street Address	Employer/Occupation/Labor Organization*					State of the state	Form (Cash, Cl	neck etc.)
301 Caro Lane	Employor Goodpadois Eabor Organization						check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230	0 3	1 .	1 .		23.00
ull Name of Contributor Registration Number, if Pa							AC	
Jana Barren								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, C	heck, etc.)	
135 Walcreek Dr W							check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	Н	43230	0 3	0 8	1 0		100.00
- i - d f - a - reinstitutions from individuals over \$100 to etatewide		bonnessen	ndidates. If contributor is self-	THE RESERVE OF THE PARTY OF THE	and determinant to the second	and the second of the second o		OND A THE PARTY OF

Page Total \$ 2,760.00

<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)]