Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			-		What Commence of the Commence		
Citizens for Quality Schools							
Full Name of Contributor			Pagiste	ation No.	mber, if P	A C	
Rachel Micheli			Kegisti	ation Nu	moer, ii P	40	
Street Address	Employer/Occur	pation/Labor Organization*		dakin ang pananin		Form (Cash, Cl	hoole ato
220 W Willow Dr	,,	panon bacor organization				check	neck, etc.)
City	State	Zip Code	I M	I D	Y	Amount	
Zanesville	OH	43701	0 3		ł	runount	40.00
Full Name of Contributor		1 107 01			mber, if P	A.C.	40.00
Kristi Griffiths			l				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Cl	heck etc.)		
120 Mendolin Way						check	,,
City	State	Zip Code	M	D	Y	Amount	
Powell	OH	43065	0 3	0 2	1 0		89.00
Full Name of Contributor			and the second section is a second	and the same of the same of	mber, if P	\C	02.00
Karie Gregory							
Street Address	Employer/Occup	oation/Labor Organization*	- American and a second	CONTRACTOR CONTRACTOR	Name of the last o	Form (Cash, Cl	neck, etc.)
3547 Babbitt Rd						check	
City	State	Zip Code	М	D	Y	Amount	
Blacklick	O H	43004	0 3	0 2	1 0		100.00
Full Name of Contributor			Registra	ation Nur	nber, if PA	\C	
Denise Wolfe							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Cl	neck, etc.)		
3774 Ashlon Woods Place						check	
City	State	Zip Code	М	D	Y	Amount	
Columbus Full Name of Contributor	OH	43230	0 3		1 0		44.00
			Registra	ation Nur	nber, if PA	(C	
Myra Littleton Street Address	- In						
	Employer/Occupation/Labor Organization*			Form (Cash, Ch	neck, etc.)		
627 Green Cook Rd		In: O .		1	,	check	
Sunbury	State O H	Zip Code	M	D	Y	Amount	
Full Name of Contributor	OH	43074	0 3		1 0		100.00
Pull Name of Contributor Patricia Angusgordon Registration Number, if PAC							
Street Address	IEmployar/Occur	ation (finding Operation)					
6021 Grand Stand Ave	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	1 7/	check	
Westerville	O H	43081	$\begin{vmatrix} 1 & 1 \\ 0 & 3 \end{vmatrix}$	0 2		Amount	E0.00
Full Name of Contributor		1 43001	the Commission of the Commissi		1 0	C	50.00
Stacy Carter			Registre	ition ivui	iber, ii r	i.C	
Street Address	Employer/Occup	ation/Labor Organization*	_L			Form (Cash, Ch	eck etc.)
5346 Ambrosia Ave	Surproj on Ocoupation Labor Organization				I	Form (Cash, Check, etc.) check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43235	0 3	0 2	1 0	, mount	55.00
Full Name of Contributor	William Property and the Company of	1 10 10 0	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TWO PERS	the same of the same of	ber, if PA	С	33.00
Nicole Kelley					, •		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1175 Michigan Ave				check			
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43201	0 3	0 2	1 0		55.00
quired for contributions from individuals over \$100 to statewid		1.1 x x 2	-		in the second		

* 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)]

Page Total \$	533.00
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