## Statement of Contributions Received

Prescribed by Secretary of State 3/05

					and the same of th	CONTRACTOR OF THE PARTY.	alana ana ang ang kanang ang ang ang ang ang ang ang ang an	
Name of Committee in Full								
Citizens for Quality Schools				15		1		<u> </u>
Full Name of Contributor				Registra	tion Num	ber, if PA	AC	
Lisa McKimmins		·		<u> </u>			F (0 1 0)	
Street Address	Employe	er/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
12020 North St			T		1		check	
City	O	ate   H	Zip Code 43080	$\begin{bmatrix} M \\ 0 \mid 3 \end{bmatrix}$	$\begin{vmatrix} D \\ 0 \end{vmatrix} 2$	$1 \mid 0$	Amount	60.00
Utica Full Name of Contributor	10		1 40000	CONTRACTOR	discussion of the second	ber, if PA	VC.	00.00
Carol Knott				itogisar	oii i iu.ii	1001, 11 1 1		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck. etc.)	
8957 Woodside St. NW					check			
City	St	ate	Zip Code	М	D	Y	Amount	
Canal Winchester	0	Н	43110	0 3	0 2	1		40.00
Full Name of Contributor			1 10110	CONTRACTOR OF THE PARTY OF THE	MATERIAL PROPERTY.	ber, if P	AC	
Ellen Maxwell								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	ieck, etc.)	
1266 Ashburnham Dr	9				check			
City	St	ate	Zip Code	M	D	Y	Amount	
Gahanna	0	Н	43230	0 3	0 2	1 0		150.00
Full Name of Contributor	and the state of t	ACCRECATION OF THE PARTY OF THE		Registra	ation Nun	iber, if P	AC	
Deanna Pentello-Less								
Street Address	Employ	er/Occup	ation/Labor Organization*	_ turnsymme	on the same of the	411-143-411-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Form (Cash, Cl	neck, etc.)
219 Camrose Ct							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Gahanna	0	H	43230	0 3		1 0		84.00
Full Name of Contributor				Registra	ation Nun	nber, if P	AC	
William Zamora						XXII XXII XXII XXII XXII XXII XXII XXI	<del>Zaminimining</del>	un contrarente de la
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Cl	reck, etc.)
651 Sycamore Mill Dr			· · · · · · · · · · · · · · · · · · ·			<del>,</del>	check	
City	1 _	tate	Zip Code	М	D	Y	Amount	00.00
Gahanna	0	H	43230	0 3	THE PERSON NAMED AND POST OFFICE ADDRESS OF THE PERSON NAMED AND POST OFFI ADDRESS OFFI ADDR	1 0		80.00
Full Name of Contributor				Registra	ation Nun	nber, if P.	AC	
Loni Williams					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		endalmanian en
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
6405 Darling Rd			Ta: X 7		1 -	1 ,,	check	
City		tate   H	Zip Code	M	D	Y	Amount	E0.00
Blacklick	10	11	43004	0 3		1 0	The state of the s	50.00
Full Name of Contributor				Registr	ation Nun	nber, it P.	AC	
Josh Goody	IrI	/	-ti a -h Oiti*		***************************************	***************************************	Form (Cash, Cl	anale ata )
Street Address	Employer/Occupation/Labor Organization*						1	neck, etc.)
6063 Pasqual Ave			7:- C-1-	1 34	1 5	1 0	check	
Calvarahaa		tate   H	Zip Code	M	D	Y	Amount	4 <b>2</b> 00
Columbus Full Name of Contributor	<u> </u>	1.1	43213	0 3		1 0 nber, if P.		42.00
1				registi	acion INUI	11001, II P.	ne	
Kelli Sprosty Street Address	Employ	er/Occus	ation/Labor Organization*		e de la constitución de la const		Form (Cash, C	heck etc )
6528 Cedar Brook Dr	Employer/Occupation/Labor Organization				check			
City	9	tate	Zip Code	М	D	ΙΥ	Amount	
New Albany	O	H	43054			10		50.00
B TACAA TEPOPERA	1 0	F.	20004	1010	1 0 1 4-	, . 0	5	50.00

Page Total \$	556.00

<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)]