## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Citizens for Quality Schools Full Name of Contributor			In the set of	1 (0.0)	
		Registration N	Registration Number, if PAC		
Tia Holliman Street Address	[F (O	orian (Labor Onnocionalis)			F (C1. Cl1 )
	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
362 Towne Court West		Tax a +	1 1.5		check
<sup>City</sup> Gahanna	State O   H	Zip Code 43230	$\begin{bmatrix} M & D \\ 1 & 0 & 0 \end{bmatrix}$	$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $	Amount 50.0
Full Name of Contributor			Registration N		
Linda Hoffman					
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
1224 Darcann Dr					check
City	State	Zip Code	M D	Y	Amount
Columbus	OH	43220	1 0 0	4   1   0	100.0
Full Name of Contributor	<del></del>		Registration N		
Dwayne Marshall					
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
7843 Fairfox Loop Dr				check	
City	State	Zip Code	M D	Y	Amount
Blacklick	O   H	43004	11001	4 1 0	75.00
Full Name of Contributor			Registration N		
Kalena Falk					
Street Address	Employer/Occup	ation/Labor Organization*	<del></del>		Form (Cash, Check, etc.)
7848 Birch Creek Dr					check
City	State	Zip Code	M D	Y	Amount
Blacklick	O   H	43004	100	4   1   0	55.0
Full Name of Contributor	······································	·	Registration N		
John Snoad					
Street Address	Employer/Occup	ation/Labor Organization*	•		Form (Cash, Check, etc.)
1004 Arcaro Drive					check
City	State	Zip Code	M D	Y	Amount
Gahanna	O   H	43230	1 0 0	4   1   0	75.00
Full Name of Contributor	<u> </u>	-1	Registration N		
Kellie Bommer					
Street Address	Employer/Occup	ation/Labor Organization*	•	***	Form (Cash, Check, etc.)
925 Venetian Way					check
City	State	Zip Code	M D	Y	Amount
Gahanna	O   H	43230	1 0 0	4 1 0	50.00
Full Name of Contributor		<u>,                                     </u>	Registration N		
Joann Diroll					
Street Address	Employer/Occup	ation/Labor Organization*	•		Form (Cash, Check, etc.)
5247 Hitesman Way					check
City	State	Zip Code	M D	Y	Amount
Columbus	O   H	43214	1001	4 1 0	25.00
Full Name of Contributor	•		Registration N		
Kimberly Thomas					
Street Address	Employer/Occup	ation/Labor Organization*	-		Form (Cash, Check, etc.)
6548 Warriner Way					check
City	State	Zip Code	M D	Y	Amount
Canal Winchester	OIH	43110	100	4   1   0	80.00

Page Total S	510.00

<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)]