31-A R.C. 3517.10



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	.'	1 'CD4	
				Registra	non Nun	nber, if PA	
L K Twigg Street Address	[Faranta and	-(0	sies/Labor Ossainstinsk	<u> </u>			Form (Cash, Check, etc.)
	Employer	r/Occupa	ation/Labor Organization*				
738 Tree Bend Court	C.		Igr. 0.1	1 14		1 1/	check
City Westerville	Sta	ne H	Zip Code 43230	$\begin{bmatrix} M \\ 0 \end{bmatrix} 9$	2 8	$\begin{vmatrix} \mathbf{Y} \\ 1 \end{vmatrix} 0$	Amount 25.00
Full Name of Contributor	10!		1 10200			nber, if PA	
Lindsay Maxwell				T C S S S S S S S S S S S S S S S S S S		,	
Street Address	Employer	r/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
605 Whirlaway Ct							check
City	Sta	ne	Zip Code	М	D	Y	Amount
Gahanna		Н	43230	019	218	1 0	20.00
Full Name of Contributor				Registra	tion Nun	nber, if P∧	AC .
C L Henry							
Street Address	Employer	r/Occupa	ntion/Labor Organization*	-			Form (Cash, Check, etc.)
3698 Earl Ave						check	
City	Sta	ite	Zip Code	М	D	Y	Amount
Columbus	0	Н	43219	0/9	2 8	1 0	75.00
Full Name of Contributor	•		•	Registra		nber, if PA	AC
W Burke Colemann III				1			
Street Address	Employer	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
7087 Shetland St							check
City	Sta	ate	Zip Code	М	D	Y	Amount
Columbus		Η	43235	0 9	2 8	1 0	20.00
Full Name of Contributor				Registra	tion Nun	nber, if PA	NC .
Street Address	Employer	г/Оссира	ntion/Labor Organization*				Form (Cash, Check, etc.)
City	Sta	ate	Zip Code	М	D	Y	Amount
			<u></u>				
Full Name of Contributor				Registra	tion Num	nber, if PA	AC .
Street Address	Employer	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
City	Sta		Zip Code	М	D	Y	Amount
Full Name of Contributor				Registra	tion Nun	nber, if P∧	\C
		٠					
Street Address	Employer	г/Оссира	ntion/Labor Organization*				Form (Cash, Check, etc.)
City	Sta	ate	Zip Code	М	D	Y	Amount
Full Name of Contributor				Registra	tion Nun	nber, if PA	AC .
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
							ļ
City	Sta	ite	Zip Code	M	D	Y	Amount
			1				

* 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 \$	140.00