Page 3	يان
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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					MONTH PROPERTY.		
1							
Citizens for Quality Schools	Najara da Artina		Dagiere	tion N.	nber, if PA	i.C	American September 1995
Full Name of Contributor	Regu			won Nun	noer, it PA	v.	
Jessica Hurte	- Ir	Δ ) Ω	<u> </u>	<del>piya kutaka kutak</del>	***************************************	D-+-/C : -	-l \
Street Address	Employer/Occur.	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
5516 Sweetwater Valley Ct				Ţ		check	
City	State	Zip Code	M	D	Υ	Amount	
New Albany	0 H	43054		0 2			48.00
Full Name of Contributor	- Annual		Registra	ition Nun	nber, if PA	AC .	
Monica Baker							Laborator and the same of the
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
2925 Cordella Ct				_		check	
City	State	Zip Code	М	D	Y	Amount	
Blacklick	OH	43004	0 3	0 2	1 0		40.00
Full Name of Contributor			the same of the sa	Careramona di manancia	nber, if PA	AC	
Marcha Pittro							
Street Address	Employer/Occur	pation/Labor Organization*		***************************************	***************************************	Form (Cash, Che	ck, etc.)
274 McKenna Creek Drive						check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	43230	0 3	1 .	1 .	I	50.00
Full Name of Contributor		1 10400			nber, if PA	4 <i>C</i>	55.00
#				( 444	, ** * 1		
Susan Siegel Street Address	Employer/Occur	oation/Labor Organization*	_L			Form (Cash, Che	ck, etc.)
	Employer/Occup	Samon Pagot Organization:					-on, v.v. j
279 Mckenna Creek Drive	P	Zip Code	M	l D	ΤΥ	check Amount	
Calagraph	State O   H	1 '	i	1	1	Zanioulit	100.00
Gahanna	$10 \mid H$	43230	0 3		AND THE RESERVE OF TH	1.0	100.00
Full Name of Contributor			Registra	ation Nur	nber, if P	AL	
Jennifer L Sengstock				***************************************		In /~ -	Annual Control of the
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
562 Lake Knoll Ct				<del></del>		check	<del></del>
City	State	Zip Code	М	D	Y	Amount	
Gahanna	$O \mid H$	43230	0 3	SERVICE EXCHIPTION OF THE PARTY	CANDO CONTRACTOR MANAGED D		50.00
Full Name of Contributor			Registra	ation Nur	nber, if P	AC	
Catherine Stewart							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
514 Crestivew Rd						check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O   H	43202	0 3	0 2	1 0		100.00
Full Name of Contributor			NAME OF TAXABLE PARTY.	The second second	nber, if P	A same and a same and a same and a same and a same	
Cheyl Bower							
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
506 Stratshire Lane	January II.					check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	0 3	1	1 .	1	175.00
Full Name of Contributor		1-1-4			mber, if Pa	- Lancourant and the second second	±1 U.UU
			gisti		, H F.	<del>-</del>	
Lori Kokales Street Address	Employer/O	nation/I wher Organization*				Form (Cook Cl-	ack etc.)
	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
1640 Minturn Dr		7:- C · 4·	<del></del>	T	<del></del>	check	
City	State	Zip Code	M	D	Y	Amount	05.00
New Albany	$0 \mid H$	43230	0 3	0 2	1 0	<u> </u>	25.00

Page Total \$ 588.00

<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)]