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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full										
Citizens for Quality Schools Full Name of Contributor				Degistrat	ion Mumb	ar if DA	С			
					Registration Number, if PAC					
Gahanna Jefferson Education Association Street Address		naunn	tion/Labor Organization*				Form (Cash, C	hadr eta \		
	EmployenO	ceupa	Hon/Labor Organization				_ ` _′	neck, etc.)		
160 S Hamilton Rd	0		g: 0 l	1		17	check			
City	State	ப	Zip Code	M	D	Y	Атоилт	F 000 00		
Gahanna	0	Н	43230	0 3	0 7	111	<u> </u>	5,000.00		
Full Name of Contributor Registration Number, if PAC										
OAPSE AFSCME Turnaround OH PAC				<u> </u>			,			
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Check, etc.)			
6805 Oak Creek Drive							check			
City	State		Zíp Code	M	D	Y	Amount			
Columbus	0	H	43229	0 3	0 7	1 1		500.00		
Full Name of Contributor				Registrat	ion Numl	er, if PA	iC			
Dorinda Floyd										
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, C	heck, etc.)		
1149 Jackson Hole Dr							check			
City	State		Zip Code	М	D	Y	Amount			
Blacklick	01	Н	43004	013	1 4	1 1		90.00		
Full Name of Contributor				Registrat	ion Numl	oer, if PA	vC			
Jackie Marowitz										
Street Address	Employer/C	ссира	tion/Labor Organization*				Form (Cash, C	heck, etc.)		
1206 Belcross Dr	' '	•	· ·				check			
City	State		Zip Code	М	D	Y	Amount			
New Albany	01	H	4 <b>3</b> 054	013	1 4	111		90.00		
Full Name of Contributor			10001		ion Num		ιC	70.00		
Deborah Carley										
Street Address	Employer/O	CCHDS	tion/Labor Organization*				Form (Cash, C	heck etc.)		
837 Nob Hill Dr		p					check	, .,		
City	State		Zip Code	М	D	Y	Amount			
<b>l</b> '	l .	Н	43230	013	l .	1   1	Thirting	70.00		
Gahanna Full Name of Contributor		11	43230		•		<u></u>	70.00		
Donna Wilhelm  Street Address										
L.	Employer/Occupation/Labor Organization*			check						
1821 Dorsetshire Rd	State		Zip Code	М	D	Y	Amount	<del></del>		
City	State	ы	·			4		25.00		
Columbus		11	43229		1 4			25.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	iC.			
Music Go Round  Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)										
Street Address	Employer/C	)ccupa	ttion/Labor Organization*					heck, etc.)		
4681 Morse Rd							check			
City	State		Zip Code	М	D	Y	Amount	400.00		
Gahanna	101	H	43230	0 3			<u> </u>	100.00		
Full Name of Contributor Registration Number, if PAC										
Mike Tubbs										
Street Address	Employer/C	)ccupa	ation/Labor Organization*				Form (Cash, C	Check, etc.)		
411 N Hamilton Rd							check			
City	State		Zip Code	М	D	Y	Amount			
Gahanna	01	Н	43230	0 3	2   2	1   1	<u>L</u>	20.00		

\* 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 \$	5,895.00