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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in V. II		***********				***************************************		***************************************		
Name of Committee in Full										
Citizens for Quality Schools Full Name of Contributor				Daglet	tion N		CD.			
				Registra	HON INE	ımber,	II P	AC .		
Edward Thomas	15 .			1	***************************************	· ·		P (0 1 01 1	***************************************	
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
5944 Havens Corners Rd			In: 0 1	T		1 7/		check		
City	1 .	ate	Zip Code	M	D	Y		Amount	-0.00	
Gahanna	10	H	43230	0 3	0 2		******		50.00	
Full Name of Contributor				Registra	tion Ni	imber,	if PA	AC.		
Whitney Sapienza	Tun.			<u> </u>	open producer and the second	DANIES DE SERVICE	-			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
3585 Lake Louise Dr								check		
City	1 .	ate	Zip Code	M	D	Y		Amount	= 0.00	
Grove City	10	Н	43213	03	0 2	turni sumunital	Name and Address of the Owner, where		50.00	
Full Name of Contributor				Registra	tion N	ımber,	if PA	AC		
Heather Bailey-Lewis	···				TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	ony and the same of the same o				
Street Address	Employe	r/Occup	ation/Labor Organization*					Form (Cash, Check, etc.)		
2686 Cordella St								check		
City	St	ate	Zip Code	M	D	Y		Amount		
Blacklick	0	H	43004	0 3	Annual Property and Parket	TO COMPANY STATE	-		50.00	
Full Name of Contributor				Registra	tion N	ımber,	if P	AC		
Janet Burton								***************************************	economic de la companion de la	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k, etc.)			
464 Coronation Ave								check		
City	St	ate	Zip Code	М	D	Y		Amount 75		
Gahanna	0	Н	43230	0 3	0 2	2 1	0		75.00	
Full Name of Contributor				Registra	tion N	umber,	if P	AC .		
Sandra Howard										
Street Address	Employe	r/Occup	ation/Labor Organization*					Form (Cash, Check, etc.)		
1067 Skinner Ave								check		
City	St	ate	Zip Code	M	D	Y		Amount		
Gahanna	0	H	43230	0 3	0 2	2 1	0		75.00	
Full Name of Contributor				Registra	tion N	ımber,	if Pa	AC		
Deborah Murphy										
Street Address	Employer/Occupation/Labor Organization*			W. Commercia	Form (Cash, Chec	k, etc.)				
6537 Colonial Place	1							check		
City	St	ate	Zip Code	M	D	Y		Amount		
Westerville	0	H	43082	0 3	0 :	2 1	0		100.00	
Full Name of Contributor				Registra	tion N	umber,	if P	AC	Naminana mandaka panganana	
Paula Madison										
Street Address	Employe	r/Occup	ation/Labor Organization*	- Barrier Constitution of the Constitution of	and the second		es (************	Form (Cash, Chec	k, etc.)	
551 Peak Court								check		
City	St	ate	Zip Code	М	D	Y	,	Amount		
Reynoldsburg	10	Н	43068	0 3	01:	2 1	0		20.00	
Full Name of Contributor		İngaramayının engan		Registra	Accessed to the later of the la	umber,	if P	AC		
Alan Dougan										
Street Address	Employe	ег/Оссир	ation/Labor Organization*	_B			**********	Form (Cash, Chec	k, etc.)	
664 Waterside View Dr								check		
City	St	ate	Zip Code	М	D	Y		Amount		
Blacklick	0	Н		0 3	0	2 1	0		40.00	

Page Total	\$ 460.00

^{*} 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)]