## Statement of Contributions Received

Prescribed by Secretary of State 3/05

No. 1 Committee in Edit					**********		***************************************
Name of Committee in Full  Citizens for Quality Schools							
Full Name of Contributor			Pagietre	ation Nun	har if D	\C	
Margeret Leppert			Registra	1000 1401	1001, 11 1 7	10	
Street Address	Employer/Occu	pation/Labor Organization*		***************************************		Form (Cash, Ch	eck. etc.)
829 Venetian Way	,	,				СС	,
City	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	43230	0 3	2 2	1 0		50.00
Full Name of Contributor	ininin			ation Nun	ber, if P	AC	<u> CONTRACTOR OF THE STATE OF TH</u>
Aimee Amer							
Street Address	Employer/Occu	pation/Labor Organization*			(00001000100000000000000000000000000000	Form (Cash, Ch	ieck, etc.)
1302 Totten Drive						сс	
City	State	Zip Code	М	D	Y	Amount	
New Albany Full Name of Contributor	OH	43054	0 3	2 2	1 0		40.00
Full Name of Contributor			Registra	ation Nun	ber, if P/	AC:	
Wendy Slates							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
850 Riva Ridge Blvd						сс	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	$0 \mid H$	43230	0 3		1 0		5.00
Full Name of Contributor			Registra	ation Nun	nber, if PA	AC	
Jeanne Weinland				(ampagaana)		Omorrecanioninesteranicalis	
Street Address	Employer/Occupation/Labor Organization*						neck, etc.)
1305 Bingham Mills Dr						check	
City	State	Zip Code	M	D	Y	Amount	w
New Albany Full Name of Contributor	O H	43054	ossessiammanatormas	2 2	1 0		5.00
a a constant of the constant o			Registr	ation Nun	nber, if Pa	AC	
Gary Lewis							
Street Address	Employer/Occu				Form (Cash, Ch	ieck, etc.)	
328 Rocky Springs Dr	6	7:- 0-1-	1 1/	1 5	1 7/	CC	
City  Placklisk	State O H	Zip Code	M	D	Y	Amount	E0.00
Blacklick Full Name of Contributor	I O   H	43004	0 3	2 2 ation Nun	1 0		50.00
Jody Cox			Registi	auon iyun	iber, ii rz	10	
Street Address	Employer/Occu	pation/Labor Organization*			ومحبوره مسترتانان	Form (Cash, Ch	ack etc.)
955 Avir Ct	Employen occu	pation Dator Organization					icck, cic.)
City	State	Zip Code	М	D	Y	CC Amount	~
Gahanna	OH	43230	0 3		i .	Tanount	5.00
Full Name of Contributor		1 10200		ation Nun		AC	0.00
Kristen Shovlin					,	•	
Street Address	Employer/Occu	pation/Labor Organization*		THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN		Form (Cash, Ch	neck, etc.)
528 Beaverbrook Drive	, , , , , , , , , , , , , , , , , , , ,	,				СС	, , , , ,
City	State	Zip Code	М	D	Y	Amount	***************************************
Gahanna	OH	43230	0 3	<b>f</b> .	1 0		5.00
Full Name of Contributor		THE RESIDENCE OF THE PARTY OF T	CONTRACTOR OF THE PROPERTY OF	ation Nun	disconsistential and the second	AC	
Ashley Taylor			Ĭ				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
412 Olympia Fields Ct						СС	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	43230	0 3	2 0	10		10.00
	NTERNAL COLLECTION OF THE PROPERTY OF THE PROP				dan makaning	<del> </del>	<del>Caracter and Antick Contract Contract</del>

Page Total \$	170.00
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<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)]