

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Mark Miller					Registration Number, if PAC		
Street Address 608 Sycamore Mill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 4	Y 1 0	Amount 100.00	
Full Name of Contributor Mark Miller					Registration Number, if PAC		
Street Address 608 Sycamore Mill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 4	Y 1 0	Amount 90.00	
Full Name of Contributor Edward Thomas					Registration Number, if PAC		
Street Address 5944 Havens Corners Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 4	Y 1 0	Amount 50.00	
Full Name of Contributor Karen Winkle					Registration Number, if PAC		
Street Address 201 Farm Creek Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 4	Y 1 0	Amount 40.00	
Full Name of Contributor Margaret Scott					Registration Number, if PAC		
Street Address 195 Rivers Edge Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 4	Y 1 0	Amount 40.00	
Full Name of Contributor Sarah Fairchild					Registration Number, if PAC		
Street Address 170 S Huron Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43204	M 1 0	D 0 4	Y 1 0	Amount 50.00	
Full Name of Contributor Kathryn Anderson					Registration Number, if PAC		
Street Address 3259 Vinton Park Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 0 4	Y 1 0	Amount 60.00	
Full Name of Contributor Rod Calloway					Registration Number, if PAC		
Street Address 8751 Canada Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Reynoldsburg	State O H	Zip Code 43068	M 1 0	D 0 4	Y 1 0	Amount 100.00	

* 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 \$ 530.00