

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Angela Adrean					Registration Number, if PAC		
Street Address 340 Buck Run Trl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0	D 9	Y 1	Amount 125.00	
Full Name of Contributor Danielle Dominak					Registration Number, if PAC		
Street Address 5995 Andrew John Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Eric Frystak					Registration Number, if PAC		
Street Address 1229 Michigan Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43201	M 0	D 9	Y 1	Amount 40.00	
Full Name of Contributor Tamara Passa					Registration Number, if PAC		
Street Address 1015 Greythorne Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Gregory Morland					Registration Number, if PAC		
Street Address 1029 Pinewood Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0	D 9	Y 1	Amount 70.00	
Full Name of Contributor Jeff Boyd					Registration Number, if PAC		
Street Address 40 Bermuda Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Johnstown	State O H	Zip Code 43031	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Deron Green					Registration Number, if PAC		
Street Address 9103 Palomino Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pickerington	State O H	Zip Code 43147	M 0	D 9	Y 1	Amount 95.00	
Full Name of Contributor Douglas Parker II					Registration Number, if PAC		
Street Address 687 Rosehill Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 9	Y 1	Amount 25.00	

* 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)]