

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Quality Schools</b>							
Full Name of Contributor <b>S Kelly</b>					Registration Number, if PAC		
Street Address <b>7108 Pleasant Colony Circle</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash</b>		
City <b>Blacklick</b>	State <b>O   H</b>	Zip Code <b>43004</b>	M <b>1   0</b>	D <b>1   2</b>	Y <b>1   0</b>	Amount <b>52.00</b>	
Full Name of Contributor <b>Guy Miller</b>					Registration Number, if PAC		
Street Address <b>629 Fenchurch Way</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>1   2</b>	Y <b>1   0</b>	Amount <b>32.00</b>	
Full Name of Contributor <b>Cathalee Kankiewicz</b>					Registration Number, if PAC		
Street Address <b>492 Langford Court</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>1   2</b>	Y <b>1   0</b>	Amount <b>32.00</b>	
Full Name of Contributor <b>Paige Harding</b>					Registration Number, if PAC		
Street Address <b>741 McDonell Place</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash &amp; check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>1   2</b>	Y <b>1   0</b>	Amount <b>70.00</b>	
Full Name of Contributor <b>various under \$25</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash</b>		
City	State	Zip Code	M	D	Y	Amount <b>450.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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)]