

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools						
Full Name of Contributor Heartland Bank				Registration Number, if PAC		
Street Address 850 N Hamilton Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230		M 1	D 0	Y 2
				Amount 1,500.00		
Full Name of Contributor Gahanna Middle School West PTO				Registration Number, if PAC		
Street Address 350 N Stygler Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230		M 1	D 0	Y 7
				Amount 250.00		
Full Name of Contributor Heather Bishoff				Registration Number, if PAC		
Street Address 2902 Braden Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Blacklick	State OH	Zip Code 43004		M 1	D 0	Y 6
				Amount 280.00		
Full Name of Contributor Elizabeth Spieth				Registration Number, if PAC		
Street Address 357 Kanawha		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Lancaster	State OH	Zip Code 43130		M 1	D 0	Y 6
				Amount 12.00		
Full Name of Contributor T-shirt Fundraiser (donations less than \$20 each)				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash		
City	State OH	Zip Code		M 1	D 0	Y 9
				Amount 80.00		
Full Name of Contributor Yard Sign Donation				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash		
City	State OH	Zip Code		M 1	D 0	Y 9
				Amount 5.00		
Full Name of Contributor Kathleen Erhard				Registration Number, if PAC		
Street Address 648 Howell Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Newark	State OH	Zip Code 43055		M 1	D 0	Y 8
				Amount 12.00		
Full Name of Contributor Robert Matney				Registration Number, if PAC		
Street Address 155 Marrus Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Gahanna	State OH	Zip Code 43230		M 1	D 0	Y 6
				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)]