

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Christine Henry						Registration Number, if PAC			
Street Address 3698 Earl Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H	Zip Code 43219		M 0	D 3	Y 0	Amount 80.00	
Full Name of Contributor Victoria Franklin						Registration Number, if PAC			
Street Address 9219 Johnstown Utica Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Johnstown		State O H	Zip Code 43031		M 0	D 3	Y 0	Amount 25.00	
Full Name of Contributor William Colemann III						Registration Number, if PAC			
Street Address 7087 Shetland St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H	Zip Code 43235		M 0	D 3	Y 0	Amount 30.00	
Full Name of Contributor Heather Haringa						Registration Number, if PAC			
Street Address 13540 sudbury Rd NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pickerington		State O H	Zip Code 43147		M 0	D 3	Y 0	Amount 40.00	
Full Name of Contributor Cathalee Kankiewicz						Registration Number, if PAC			
Street Address 222 Highmeadow Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H	Zip Code 43230		M 0	D 3	Y 0	Amount 75.00	
Full Name of Contributor Ann Griffith						Registration Number, if PAC			
Street Address 7256 Whispering Oak			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Sylvania		State O H	Zip Code 43560		M 0	D 3	Y 0	Amount 40.00	
Full Name of Contributor Betsy Hussey						Registration Number, if PAC			
Street Address 730 Ardaugh Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin		State O H	Zip Code 43017		M 0	D 3	Y 0	Amount 85.00	
Full Name of Contributor Barbara Nose						Registration Number, if PAC			
Street Address 137 S Virginia Lee Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H	Zip Code 43209		M 0	D 3	Y 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 \$ 475.00