

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Emily Edwards					Registration Number, if PAC		
Street Address 227 E 59th St, Apt 1 c		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New York	State N Y	Zip Code 10022	M 0 9	D 1 4	Y 1 0	Amount 35.00	
Full Name of Contributor Bonnie Meeks					Registration Number, if PAC		
Street Address 285 Heil Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43230	M 0 9	D 1 4	Y 1 0	Amount 45.00	
Full Name of Contributor Penelope Ellsworth					Registration Number, if PAC		
Street Address 5188 Locust Post Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 4	Y 1 0	Amount 86.00	
Full Name of Contributor Abigail Herzberg					Registration Number, if PAC		
Street Address 530 Yale Cir		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pickerington	State O H	Zip Code 43147	M 0 9	D 1 4	Y 1 0	Amount 55.00	
Full Name of Contributor Roben Frentzel					Registration Number, if PAC		
Street Address 880 Aries Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 0 1	Y 1 0	Amount 100.00	
Full Name of Contributor Arthur Prince					Registration Number, if PAC		
Street Address 886 Prince William Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43230	M 0 9	D 1 7	Y 1 0	Amount 105.00	
Full Name of Contributor Lina Diley					Registration Number, if PAC		
Street Address 7375 Kemperwood Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43230	M 0 9	D 1 7	Y 1 0	Amount 50.00	
Full Name of Contributor Scott Emery					Registration Number, if PAC		
Street Address 1310 Newark Granville Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Granville	State O H	Zip Code 43023	M 0 9	D 1 7	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)]