

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Jessica Newhart					Registration Number, if PAC		
Street Address 5516 Sweetwater Valley Cir		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 0 9	D 1 7	Y 1 0	Amount 45.00	
Full Name of Contributor Janet Hughes					Registration Number, if PAC		
Street Address 930 Carroll Eastern Rd, NE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Lancaster	State O H	Zip Code 43130	M 0 9	D 1 7	Y 1 0	Amount 50.00	
Full Name of Contributor Kelly Young					Registration Number, if PAC		
Street Address 8208 Carribou Trl Apt 2c		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43235	M 0 9	D 1 7	Y 1 0	Amount 40.00	
Full Name of Contributor Jessica Shaw					Registration Number, if PAC		
Street Address 4277 Camden Passage Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 7	Y 1 0	Amount 35.00	
Full Name of Contributor Karen McCafferty					Registration Number, if PAC		
Street Address 1105 Sleeping Meadow Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 0 9	D 1 7	Y 1 0	Amount 75.00	
Full Name of Contributor Chad Burton					Registration Number, if PAC		
Street Address 1374 Waveland Drive, #C		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 7	Y 1 0	Amount 50.00	
Full Name of Contributor Wendy Gruenbaum					Registration Number, if PAC		
Street Address 54 Highmeadow Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 7	Y 1 0	Amount 85.00	
Full Name of Contributor Kristi Vanderkamp					Registration Number, if PAC		
Street Address 884 Trifecta Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 7	Y 1 0	Amount 50.00	

* 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)]