

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Stephanie Heter						Registration Number, if PAC	
Street Address 950 Timothy Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State O H	Zip Code 43230	M 0	D 4	Y 2 1 1	Amount 25.00	
Full Name of Contributor Sandra Howard						Registration Number, if PAC	
Street Address 1067 Skinner Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State O H	Zip Code 43230	M 0	D 4	Y 2 1 1	Amount 50.00	
Full Name of Contributor Donna Bush						Registration Number, if PAC	
Street Address 4512 Neisander Square			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City New Albany	State O H	Zip Code 43054	M 0	D 4	Y 2 1 1	Amount 20.00	
Full Name of Contributor Justin Sanford						Registration Number, if PAC	
Street Address 1748 Harrison Pond Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City New Albany	State O H	Zip Code 43054	M 0	D 4	Y 2 1 1	Amount 105.00	
Full Name of Contributor Colleen Alexander						Registration Number, if PAC	
Street Address 8386 Yuma Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Powell	State O H	Zip Code 43065	M 0	D 4	Y 2 1 1	Amount 50.00	
Full Name of Contributor Michelle Disbro						Registration Number, if PAC	
Street Address 3499 Leighton Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221	M 0	D 4	Y 2 1 1	Amount 50.00	
Full Name of Contributor Karen Robinson						Registration Number, if PAC	
Street Address 573 Elm Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Westerville	State O H	Zip Code 43082	M 0	D 4	Y 2 1 1	Amount 30.00	
Full Name of Contributor Kellie Bommer						Registration Number, if PAC	
Street Address 925 Venetian Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State O H	Zip Code 43230	M 0	D 4	Y 2 1 1	Amount 20.00	

* 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 \$ 350.00