

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Ellen Schultz						Registration Number, if PAC			
Street Address 333 Sycamore Ridge Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 0	Amount 58.00		
Full Name of Contributor Virginia Davis						Registration Number, if PAC			
Street Address 618 Shadewood Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 0	Amount 85.00		
Full Name of Contributor Barbara Hendershot						Registration Number, if PAC			
Street Address 4217 Caswell Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Johnstown	State O	H H	Zip Code 43031	M 0	D 3	Y 0	Amount 25.00		
Full Name of Contributor Renee Snyder						Registration Number, if PAC			
Street Address 7030 Breckton Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany	State O	H H	Zip Code 43054	M 0	D 3	Y 0	Amount 45.00		
Full Name of Contributor Gail Tanner						Registration Number, if PAC			
Street Address 7855 Clark State Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 3	Y 0	Amount 50.00		
Full Name of Contributor Devin Walsh						Registration Number, if PAC			
Street Address 3810 Dorko Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43224	M 0	D 3	Y 0	Amount 60.00		
Full Name of Contributor Carolyn Bolin						Registration Number, if PAC			
Street Address 6160 McNaughten Grove Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43213	M 0	D 3	Y 0	Amount 80.00		
Full Name of Contributor Susan Edwards						Registration Number, if PAC			
Street Address 267 Carlin Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 0	Amount 85.00		

* 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 \$ 488.00