

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor David Perkins						Registration Number, if PAC			
Street Address 294 Broken Arrow Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 3	Amount 10.00		
Full Name of Contributor Laura Herzog						Registration Number, if PAC			
Street Address 324 Highbury Crescent			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 3	Amount 10.00		
Full Name of Contributor Lori Smith						Registration Number, if PAC			
Street Address 396 Armor Hill Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 3	Amount 10.00		
Full Name of Contributor Tracy Heller						Registration Number, if PAC			
Street Address 963 Timothy Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 3	Amount 5.00		
Full Name of Contributor Susan Grafe						Registration Number, if PAC			
Street Address 481 Clotts Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 2	Amount 5.00		
Full Name of Contributor Phyllis Kingsley						Registration Number, if PAC			
Street Address 1025 Ridge Crest Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 2	Amount 25.00		
Full Name of Contributor Christy Kanz						Registration Number, if PAC			
Street Address 824 Ridenour Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 2	Amount 20.00		
Full Name of Contributor Toinette Wills						Registration Number, if PAC			
Street Address 469 Beaverbrook Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 2	Amount 10.00		

* 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 \$ 95.00