

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Patricia Clemans					Registration Number, if PAC		
Street Address 9304 Belmont Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pickerington	State O H	Zip Code 43147	M 0 9	D 2 8	Y 1 0	Amount 50.00	
Full Name of Contributor Rochelle Mullins					Registration Number, if PAC		
Street Address 2013 Belleflower Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 2 8	Y 1 0	Amount 75.00	
Full Name of Contributor Nikki Marks					Registration Number, if PAC		
Street Address 104 W Columbus St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Canal Winchester	State O H	Zip Code 43110	M 0 9	D 2 8	Y 1 0	Amount 100.00	
Full Name of Contributor Katie Brown					Registration Number, if PAC		
Street Address 641 Antler Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 8	Y 1 0	Amount 70.00	
Full Name of Contributor Amanda Eiler					Registration Number, if PAC		
Street Address 298 Jennie Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 432330	M 0 9	D 2 8	Y 1 0	Amount 40.00	
Full Name of Contributor Joseph Dividia					Registration Number, if PAC		
Street Address 1364 Winesap Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43204	M 0 9	D 2 8	Y 1 0	Amount 60.00	
Full Name of Contributor Lita Armstrong					Registration Number, if PAC		
Street Address 1006 Sugar Hill Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 8	Y 1 0	Amount 80.00	
Full Name of Contributor Jennifer Behary					Registration Number, if PAC		
Street Address 4795 Westerville Run Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 8	Y 1 0	Amount 40.00	

* 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)]