

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Marcia Sweet						Registration Number, if PAC							
Street Address 1270 Venetian Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 70.00	
Full Name of Contributor Linda Hoffman						Registration Number, if PAC							
Street Address 1224 Darcann Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43220		M 0 3		D 0 2		Y 1 0		Amount 100.00	
Full Name of Contributor Kimberly Thomas						Registration Number, if PAC							
Street Address 6548 Warriner Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Canal Winchester		State O H		Zip Code 43110		M 0 3		D 0 2		Y 1 0		Amount 80.00	
Full Name of Contributor Cheryl Ramey						Registration Number, if PAC							
Street Address 85 Broodsedge Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Pataskala		State O H		Zip Code 43062		M 0 3		D 0 2		Y 1 0		Amount 75.00	
Full Name of Contributor Bonita Azeltine						Registration Number, if PAC							
Street Address 564 Clotts Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 35.00	
Full Name of Contributor Benjamin Cullivan						Registration Number, if PAC							
Street Address 428 Preservation Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 50.00	
Full Name of Contributor Dwayne Marshall						Registration Number, if PAC							
Street Address 7843 Fairfax Loop Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Blacklick		State O H		Zip Code 43003		M 0 3		D 0 2		Y 1 0		Amount 75.00	
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 3		D 0 2		Y 1 0		Amount 38.40	

* 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 \$ 523.40