

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|-----------------------|---|-------------------|-------------------|--|-------------------------|--|
| Name of Committee in Full Citizens for Quality Schools | | | | | | | |
| Full Name of Contributor Cheryl Lowery | | | | | Registration Number, if PAC | | |
| Street Address 6000 Whitman Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43213 | M 1 0 | D 0 4 | Y 1 0 | Amount 100.00 | |
| Full Name of Contributor Johnel Amerson | | | | | Registration Number, if PAC | | |
| Street Address 6314 Downing Ln | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43230 | M 1 0 | D 0 4 | Y 1 0 | Amount 80.00 | |
| Full Name of Contributor Michael Cebriak | | | | | Registration Number, if PAC | | |
| Street Address 361 Westerdale Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Gahanna | State O H | Zip Code 43230 | M 1 0 | D 0 4 | Y 1 0 | Amount 50.00 | |
| Full Name of Contributor Sherry Owens | | | | | Registration Number, if PAC | | |
| Street Address 8325 Reynoldswood Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Reynoldsburg | State O H | Zip Code 43068 | M 1 0 | D 0 4 | Y 1 0 | Amount 50.00 | |
| Full Name of Contributor Rebekah Rice | | | | | Registration Number, if PAC | | |
| Street Address 189 Greenbank Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Gahanna | State O H | Zip Code 43230 | M 1 0 | D 0 4 | Y 1 0 | Amount 30.00 | |
| Full Name of Contributor Morgan Assmann | | | | | Registration Number, if PAC | | |
| Street Address 2437 Berwick Blvd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | State O H | Zip Code 43209 | M 1 0 | D 0 4 | Y 1 0 | Amount 100.00 | |
| Full Name of Contributor Andrea Oquin | | | | | Registration Number, if PAC | | |
| Street Address 7326 State Route 19, Box 0805 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Mount Gilead | State O H | Zip Code 43338 | M 1 0 | D 0 4 | Y 1 0 | Amount 50.00 | |
| Full Name of Contributor Jennifer Hawkins | | | | | Registration Number, if PAC | | |
| Street Address 676 Clark State Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Gahanna | State O H | Zip Code 43230 | M 1 0 | D 0 4 | Y 1 0 | Amount 50.00 | |

* 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 \$ **510.00**