

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Danielle Blanke					Registration Number, if PAC		
Street Address 70 N Hempstead Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0	D 4	Y 2	Amount 15.00	
Full Name of Contributor Jon Grundlisch					Registration Number, if PAC		
Street Address 6805 Condit Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Centerberg	State O H	Zip Code 43011	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Penelope Ellsworth					Registration Number, if PAC		
Street Address 5188 Locust Post Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Georgia Siegel					Registration Number, if PAC		
Street Address 279 McKenna Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0	D 4	Y 2	Amount 25.00	
Full Name of Contributor Lauren Martin					Registration Number, if PAC		
Street Address 4143 Appleleaf Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43230	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Molly Hofmeister					Registration Number, if PAC		
Street Address 339 22nd St NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Canton	State O H	Zip Code 44709	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Frances Flowers					Registration Number, if PAC		
Street Address 1068 Hurley Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Karen Hammond					Registration Number, if PAC		
Street Address 4432 Wrens Nest Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 45054	M 0	D 4	Y 2	Amount 20.00	

* 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 \$ 160.00