

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Jennifer McClary						Registration Number, if PAC			
Street Address 1639 Ross Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Sunbury		State O H		Zip Code 43068		M D Y 0 3 1 5 1 0		Amount 50.00	
Full Name of Contributor Solomon Wondayehu						Registration Number, if PAC			
Street Address 356 Shell Ct W			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Columbus		State O H		Zip Code 43213		M D Y 0 3 1 5 1 0		Amount 20.00	
Full Name of Contributor Mike Fritz						Registration Number, if PAC			
Street Address 871 Poppy Hills Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick		State O H		Zip Code 43004		M D Y 0 3 1 5 1 0		Amount 100.00	
Full Name of Contributor Meredith Sweatland						Registration Number, if PAC			
Street Address 6265 Sonewalk Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany		State O H		Zip Code 43054		M D Y 0 3 1 5 1 0		Amount 50.00	
Full Name of Contributor Maryann Handley						Registration Number, if PAC			
Street Address 7120 Connaught Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany		State O H		Zip Code 43054		M D Y 0 3 1 5 1 0		Amount 50.00	
Full Name of Contributor Tracie Clay						Registration Number, if PAC			
Street Address 394 Beecher Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M D Y 0 3 1 5 1 0		Amount 70.00	
Full Name of Contributor Matthew MacGregor						Registration Number, if PAC			
Street Address 619 Havens Corners Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M D Y 0 3 1 5 1 0		Amount 49.00	
Full Name of Contributor Marcie Aiello						Registration Number, if PAC			
Street Address 6195 Anndina Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hillard		State O H		Zip Code 43026		M D Y 0 3 1 5 1 0		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 \$ 409.00