

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools					
Full Name of Contributor Yard Sign Donation			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
				cash	
City	State	Zip Code	M	D	Y
			1	0	2 1 1 4
			Amount		
			5.00		
Full Name of Contributor T-Shirt Donations			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
				cash	
City	State	Zip Code	M	D	Y
			1	0	2 3 1 4
			Amount		
			180.00		
Full Name of Contributor Tom Gregory			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
3547 Babbitt Rd				check	
City	State	Zip Code	M	D	Y
Blacklick	o h	43004	1	0	2 4 1 4
			Amount		
			20.00		
Full Name of Contributor Kathryn Anderson			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
3259 Vinton Park Place				check	
City	State	Zip Code	M	D	Y
Hilliard	o h	43026	1	0	2 3 1 4
			Amount		
			30.00		
Full Name of Contributor Lindsay Dexter			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
6402 Skimmer Ln				check	
City	State	Zip Code	M	D	Y
Columbus	o h	43230	1	0	2 1 1 4
			Amount		
			25.00		
Full Name of Contributor Heidi Beck			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
457 Park Overlook Dr				check	
City	State	Zip Code	M	D	Y
Worthington	o h	43085	1	0	2 1 1 4
			Amount		
			50.00		
Full Name of Contributor Christiane Swisher			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
2487 Daily Rd				check	
City	State	Zip Code	M	D	Y
Columbus	o h	43232	1	0	2 4 1 4
			Amount		
			40.00		
Full Name of Contributor Alana Cramlet			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
502 Beaverbrook Dr				check	
City	State	Zip Code	M	D	Y
Gahanna	o h	43230	1	0	3 1 1 4
			Amount		
			25.00		

* 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)]