

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Katie Brown						Registration Number, if PAC			
Street Address 641 Antler Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H	Zip Code 43230	M 0	D 5	Y 0	1 5	1 1	Amount 30.00
Full Name of Contributor Rhonda Bishop						Registration Number, if PAC			
Street Address 1062 Eberton Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick	State O	H	Zip Code 43004	M 0	D 5	Y 0	1 5	1 1	Amount 30.00
Full Name of Contributor Jennifer Wilson						Registration Number, if PAC			
Street Address 879 S Roosevelt Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley	State O	H	Zip Code 43209	M 0	D 5	Y 0	1 5	1 1	Amount 20.00
Full Name of Contributor Selene Kelley						Registration Number, if PAC			
Street Address 7108 Pleasant Colony Cir			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick	State O	H	Zip Code 43004	M 0	D 5	Y 0	1 5	1 1	Amount 40.00
Full Name of Contributor Paul Miller						Registration Number, if PAC			
Street Address 7796 Holderman Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Lewis Center	State O	H	Zip Code 43035	M 0	D 5	Y 0	1 5	1 1	Amount 25.00
Full Name of Contributor Mary Donato						Registration Number, if PAC			
Street Address 546 Uxbridge			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H	Zip Code 43230	M 0	D 5	Y 0	1 5	1 1	Amount 30.00
Full Name of Contributor Julio Vallardes						Registration Number, if PAC			
Street Address 822 Mc Donell Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H	Zip Code 43230	M 0	D 5	Y 0	1 5	1 1	Amount 100.00
Full Name of Contributor Mary Otting						Registration Number, if PAC			
Street Address 849 Hensel Woods Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H	Zip Code 43230	M 0	D 5	Y 0	1 5	1 1	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 \$ 325.00