

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Angela McCausland Potts					Registration Number, if PAC		
Street Address 3754 Amerine Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O	H H	Zip Code 43026	M 0	D 3	Y 0	Amount 40.00
Full Name of Contributor Sean Wilcox					Registration Number, if PAC		
Street Address 1348 Delcastle Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State O	H H	Zip Code 43123	M 0	D 3	Y 0	Amount 60.00
Full Name of Contributor Effie Johnson					Registration Number, if PAC		
Street Address 3545 Waggoner Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 3	Y 0	Amount 36.00
Full Name of Contributor Cynthia Kindinger					Registration Number, if PAC		
Street Address 4379 Wetmore Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43224	M 0	D 3	Y 0	Amount 25.00
Full Name of Contributor John Snoad					Registration Number, if PAC		
Street Address 1004 Arcaro Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 0	Amount 100.00
Full Name of Contributor Helen Amsbary					Registration Number, if PAC		
Street Address 685 Hawthorne Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Circleville	State O	H H	Zip Code 43113	M 0	D 3	Y 0	Amount 50.00
Full Name of Contributor Jonathan Boron					Registration Number, if PAC		
Street Address 7152 Gable Stone Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O	H H	Zip Code 43054	M 0	D 3	Y 0	Amount 100.00
Full Name of Contributor Patti Hoffman					Registration Number, if PAC		
Street Address 273 Highmeadow Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 0	Amount 90.00

* 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 \$ 501.00