

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 Brown | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 5317 York Rd SW | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | | | |
| City Pataskala | | State O H | | Zip Code 43062 | | M 0 3 | | D 0 2 | | Y 1 0 | | Amount 73.60 |
| Full Name of Contributor Christina Connaughton | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 456 Howland Dr | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | | | |
| City Gahanna | | State O H | | Zip Code 43230 | | M 0 3 | | D 0 2 | | Y 1 0 | | Amount 50.00 |
| Full Name of Contributor Jennifer Young | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 603 Brookside Dr | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | | | |
| City Columbus | | State O H | | Zip Code 43209 | | M 0 3 | | D 0 2 | | Y 1 0 | | Amount 50.00 |
| Full Name of Contributor Erin Anderson | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 7074 Gable Stone Ln | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | | | |
| City New Albany | | State O H | | Zip Code 43054 | | M 0 3 | | D 0 2 | | Y 1 0 | | Amount 100.00 |
| Full Name of Contributor Brian Marcus | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 484 S Westate Ave | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | | | |
| City Columbus | | State O H | | Zip Code 43204 | | M 0 3 | | D 0 2 | | Y 1 0 | | Amount 50.00 |
| Full Name of Contributor Debra Russell | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 3356 Canyon Rd | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | | | |
| City Granville | | State O H | | Zip Code 43023 | | M 0 3 | | D 0 2 | | Y 1 0 | | Amount 50.00 |
| Full Name of Contributor Susan Hielkema | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 236 Highbury Cres | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | | | |
| City Gahanna | | State O H | | Zip Code 43230 | | M 0 3 | | D 0 2 | | Y 1 0 | | Amount 60.00 |
| Full Name of Contributor Mary Powell | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 109 Hogan Dr | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | | | |
| City Pataskala | | State O H | | Zip Code 43062 | | M 0 3 | | D 0 2 | | Y 1 0 | | Amount 70.00 |

* 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 \$ 503.60