

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Lauren Gregory					Registration Number, if PAC		
Street Address 464 Vista Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 4	Y 1 0	Amount 50.00	
Full Name of Contributor Jill Elliott					Registration Number, if PAC		
Street Address 7146 Laver Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0 9	D 1 4	Y 1 0	Amount 60.00	
Full Name of Contributor Linda Coruias					Registration Number, if PAC		
Street Address 452 Medallion Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 4	Y 1 0	Amount 50.00	
Full Name of Contributor Jon Grundtisch					Registration Number, if PAC		
Street Address 6805 Condit Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Centerberg	State O H	Zip Code 43011	M 0 9	D 1 4	Y 1 0	Amount 10.00	
Full Name of Contributor Karen Hammond					Registration Number, if PAC		
Street Address 4432 Wrens Nest Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 0 9	D 1 4	Y 1 0	Amount 78.00	
Full Name of Contributor Jacque Dickensheets					Registration Number, if PAC		
Street Address 656 Deer Run		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 4	Y 1 0	Amount 40.00	
Full Name of Contributor Lauren Scott					Registration Number, if PAC		
Street Address 3936 Cedar Crest Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43230	M 0 9	D 1 4	Y 1 0	Amount 50.00	
Full Name of Contributor Christina Devienzio					Registration Number, if PAC		
Street Address 9901 Portage Pointe Dr, Apt A106		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Streetsboro	State O H	Zip Code 44241	M 0 9	D 1 4	Y 1 0	Amount 45.00	

* 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)]