

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Regina Fredrick James						Registration Number, if PAC			
Street Address 722 Hunters Run			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 5.00		
Full Name of Contributor Lorainne Sapp						Registration Number, if PAC			
Street Address 861 Ridenour			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 5.00		
Full Name of Contributor Marjorie Wachowiak						Registration Number, if PAC			
Street Address 957 Asvir Crt			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 5.00		
Full Name of Contributor Jennifer Richardson						Registration Number, if PAC			
Street Address 3834 Mann Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 4	Y 0	Amount 5.00		
Full Name of Contributor Valerie Hawley						Registration Number, if PAC			
Street Address 1761 Taylor Corners ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 4	Y 0	Amount 5.00		
Full Name of Contributor Julie Webber						Registration Number, if PAC			
Street Address 1669 Fox Chase			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 10.00		
Full Name of Contributor Maria Raguindin						Registration Number, if PAC			
Street Address 7571 Dover Ridge St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 4	Y 0	Amount 10.00		
Full Name of Contributor Lori Perry						Registration Number, if PAC			
Street Address 8612 Swisher Creek Crossing			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City New Albany	State O	H H	Zip Code 43054	M 0	D 4	Y 0	Amount 5.00		

* 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 \$ 50.00