

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Catherine Gerker						Registration Number, if PAC							
Street Address 2609 Jefferson Estates Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Blacklick		State O H		Zip Code 43004		M 0 3		D 0 2		Y 1 0		Amount 90.00	
Full Name of Contributor Jennifer Clippinger						Registration Number, if PAC							
Street Address 4233 Crumley Rd SW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Lancaster		State O H		Zip Code 43140		M 0 3		D 0 2		Y 1 0		Amount 50.00	
Full Name of Contributor Rachelle Mullins						Registration Number, if PAC							
Street Address 2013 Bellflower			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Grove City		State O H		Zip Code 43123		M 0 3		D 0 2		Y 1 0		Amount 75.00	
Full Name of Contributor Joyce Kiourtsis						Registration Number, if PAC							
Street Address 1040 Arcaro 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 60.00	
Full Name of Contributor Patricia Clemans						Registration Number, if PAC							
Street Address 9304 Belmont Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Pickerington		State O H		Zip Code 43147		M 0 3		D 0 2		Y 1 0		Amount 50.00	
Full Name of Contributor Heidi Beck						Registration Number, if PAC							
Street Address 457 Overlook Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Worthington		State O H		Zip Code 43085		M 0 3		D 0 2		Y 1 0		Amount 50.00	
Full Name of Contributor Lindsay Dexter						Registration Number, if PAC							
Street Address 6402 Skimmer Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 50.00	
Full Name of Contributor Angela Cox						Registration Number, if PAC							
Street Address 461 Cherry St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Groveport		State O H		Zip Code 43125		M 0 3		D 0 2		Y 1 0		Amount 75.00	

* 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 \$ 500.00