

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Kristy Mishler					Registration Number, if PAC		
Street Address 916 Ludwig Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor David Kastner					Registration Number, if PAC		
Street Address 450 Damascus Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Marysville	State O H	Zip Code 43040	M 0	D 9	Y 1	Amount 25.00	
Full Name of Contributor Laura Rogers					Registration Number, if PAC		
Street Address 36 Wintrop Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 0	D 9	Y 1	Amount 60.00	
Full Name of Contributor Sheryl Hutton					Registration Number, if PAC		
Street Address 5272 Apple Ridge Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 1	Amount 80.00	
Full Name of Contributor Jennifer Palguta					Registration Number, if PAC		
Street Address 2687 Northmont Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0	D 9	Y 1	Amount 90.00	
Full Name of Contributor Thomas Miles					Registration Number, if PAC		
Street Address 7128 Diley Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Canal Winchester	State O H	Zip Code 43230	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Mindy Wise					Registration Number, if PAC		
Street Address 7921 Blacklick View Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0	D 9	Y 1	Amount 100.00	
Full Name of Contributor Tamara Miller-Wiard					Registration Number, if PAC		
Street Address 5624 York Road, SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pataskala	State O H	Zip Code 43062	M 0	D 9	Y 1	Amount 50.00	

* 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)]