

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Kelly Shellhammer						Registration Number, if PAC							
Street Address 143 Brookhill 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 200.00	
Full Name of Contributor Phyllis Solove						Registration Number, if PAC							
Street Address 8249 Deering Oaks Dr			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 70.00	
Full Name of Contributor Kristen Juth						Registration Number, if PAC							
Street Address 108 Terrier Court			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 50.00	
Full Name of Contributor Donna Sharkey						Registration Number, if PAC							
Street Address 1027 Hurley Ct			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 25.00	
Full Name of Contributor Anne Jackson						Registration Number, if PAC							
Street Address 215 Ainsworth			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 Gregory Meadows						Registration Number, if PAC							
Street Address 7323 Fallow Trail			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Reynoldsburg		State O H		Zip Code 43068		M 0 3		D 0 2		Y 1 0		Amount 50.00	
Full Name of Contributor Mark Meuser						Registration Number, if PAC							
Street Address 804 Cherry Bottom Rd			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 90.00	
Full Name of Contributor Tia Holliman						Registration Number, if PAC							
Street Address 362 Towne Court West			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 40.00	

* 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 \$ 575.00