

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Matt Anderson					Registration Number, if PAC		
Street Address 995 Martin Grove Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Westerville	State O H	Zip Code 43081	M 1 1 0	D 1 1 4	Y 1 1 0	Amount 20.00	
Full Name of Contributor Pam McCarthy					Registration Number, if PAC		
Street Address 322 Empire Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Gahanna	State O H	Zip Code 43230	M 1 1 0	D 1 1 4	Y 1 1 0	Amount 20.00	
Full Name of Contributor Ralph Walton					Registration Number, if PAC		
Street Address 6057 Nicholas Glen		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State O H	Zip Code 43213	M 1 1 0	D 1 1 4	Y 1 1 0	Amount 100.00	
Full Name of Contributor Gahanna Jefferson Education Association					Registration Number, if PAC		
Street Address 160 S. Hamilton Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 1 0	D 1 1 4	Y 1 1 0	Amount 5,000.00	
Full Name of Contributor Adam C Johns					Registration Number, if PAC		
Street Address 463 E Tulane Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43202	M 1 1 0	D 1 1 4	Y 1 1 0	Amount 25.00	
Full Name of Contributor Brian Danforth					Registration Number, if PAC		
Street Address 560 Rocky Fork Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 1 0	D 1 1 4	Y 1 1 0	Amount 40.00	
Full Name of Contributor Marilyn Kirk					Registration Number, if PAC		
Street Address 335 Granville St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 1 0	D 1 1 4	Y 1 1 0	Amount 50.00	
Full Name of Contributor Kristi Griffiths					Registration Number, if PAC		
Street Address 120 Medolin Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Powell	State O H	Zip Code 43065	M 1 1 0	D 1 1 4	Y 1 1 0	Amount 30.00	

* 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 \$ 5,285.00