

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Karen McDonnell Brown					Registration Number, if PAC		
Street Address 858 S Cassingham Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 3	D 0 2	Y 1 0	Amount 87.00	
Full Name of Contributor Paige Harding					Registration Number, if PAC		
Street Address 741 McDonell Pl		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 71.00	
Full Name of Contributor Michael Cebriak					Registration Number, if PAC		
Street Address 361 Westerdale		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 80.00	
Full Name of Contributor Kristen Pietro					Registration Number, if PAC		
Street Address 102 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 50.00	
Full Name of Contributor Wendy Fafata-Roberts					Registration Number, if PAC		
Street Address 319 Lyncroft 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 60.00	
Full Name of Contributor Michael Shade					Registration Number, if PAC		
Street Address 2323 Reynoldsburg NA Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43230	M 0 3	D 0 2	Y 1 0	Amount 80.00	
Full Name of Contributor Jason Swinehart					Registration Number, if PAC		
Street Address 4718 Tatersall Ct		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 20.00	
Full Name of Contributor Dona Montgomery					Registration Number, if PAC		
Street Address 122 Misty Oak Place		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 2,500.00	

* 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 \$ 2,948.00