

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Kenneth Wolford						Registration Number, if PAC							
Street Address 7313 Saratoga Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Reynoldsburg		State O H		Zip Code 43068		M 0 3		D 0 5		Y 1 0		Amount 40.00	
Full Name of Contributor Lisa Schartiger						Registration Number, if PAC							
Street Address 586 Tresham Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 5		Y 1 0		Amount 70.00	
Full Name of Contributor Bryan Hicks						Registration Number, if PAC							
Street Address 5584 Henselwoods Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 5		Y 1 0		Amount 85.00	
Full Name of Contributor Jeff Boyd						Registration Number, if PAC							
Street Address 40 Bermuda Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Johnstown		State O H		Zip Code 43031		M 0 3		D 0 5		Y 1 0		Amount 50.00	
Full Name of Contributor Dwayne Jarrell						Registration Number, if PAC							
Street Address 148 Lincolnshire			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 5		Y 1 0		Amount 30.00	
Full Name of Contributor Animal Care at Cherry Way						Registration Number, if PAC							
Street Address 1353 Cherry Way Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 8		Y 1 0		Amount 100.00	
Full Name of Contributor Mid/West Fresh						Registration Number, if PAC							
Street Address 38 N Glenwood Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43222		M 0 3		D 0 8		Y 1 0		Amount 75.00	
Full Name of Contributor Aleron						Registration Number, if PAC							
Street Address 733 B Lakeview Plaza			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Worthington		State O H		Zip Code 43085		M 0 3		D 0 8		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 \$ 525.00