

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Quality Schools						
Full Name of Contributor Robert and Kristi Griffiths					Registration Number, if PAC	
Street Address 120 Mendolin Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Powell	State OH	Zip Code 43065	M 1	D 0	Y 0	Amount \$20.00
Full Name of Contributor David and Jennifer Palguta					Registration Number, if PAC	
Street Address 2687 Northmont Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Blacklick	State OH	Zip Code 43004	M 1	D 0	Y 1	Amount \$50.00
Full Name of Contributor Michael Shade					Registration Number, if PAC	
Street Address 2323 Reynoldsburg-New Albany Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Blacklick	State OH	Zip Code 43004	M 1	D 0	Y 0	Amount \$20.00
Full Name of Contributor Tracie Clay					Registration Number, if PAC	
Street Address 394 Beecher Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 0	Amount \$20.00
Full Name of Contributor Adam and Amanda Collier					Registration Number, if PAC	
Street Address 916 Gray Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Pickerington	State OH	Zip Code 43147	M 1	D 0	Y 0	Amount \$10.00
Full Name of Contributor Wendy Fafata-Roberts					Registration Number, if PAC	
Street Address 318 Lyncroft Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 0	Amount \$25.00
Full Name of Contributor Susan Vandop					Registration Number, if PAC	
Street Address 341 Cornhill Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Westerville	State OH	Zip Code 43081	M 1	D 0	Y 0	Amount \$20.00
Full Name of Contributor Jeannette Frioni					Registration Number, if PAC	
Street Address 1934 Rockdale Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43229	M 1	D 0	Y 0	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$215.00**