

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Hank Langhals						Registration Number, if PAC			
Street Address 901 Aries Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 1	Amount 100.00		
Full Name of Contributor Kristy Flyn						Registration Number, if PAC			
Street Address 1263 Ashburnham			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 1	Amount 100.00		
Full Name of Contributor Katharine Compton						Registration Number, if PAC			
Street Address 85 S Township Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pataskala	State O	H H	Zip Code 43052	M 0	D 3	Y 1	Amount 30.00		
Full Name of Contributor Minnie Mitchell						Registration Number, if PAC			
Street Address 5245 Hackett Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43235	M 0	D 3	Y 1	Amount 40.00		
Full Name of Contributor Julio Valladares						Registration Number, if PAC			
Street Address 822 McDonell Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 1	Amount 100.00		
Full Name of Contributor Bruce Swickard						Registration Number, if PAC			
Street Address 174 Merritt Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pataskala	State O	H H	Zip Code 43062	M 0	D 3	Y 1	Amount 57.00		
Full Name of Contributor Patricia Graves						Registration Number, if PAC			
Street Address 1515 Haft Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Reynoldsburg	State O	H H	Zip Code 43068	M 0	D 3	Y 1	Amount 40.00		
Full Name of Contributor Bryan Reames						Registration Number, if PAC			
Street Address 381 Marquis Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 1	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 \$ 497.00