

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor David Cox						Registration Number, if PAC			
Street Address 955 Avir Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 100.00		
Full Name of Contributor Bill Tomko						Registration Number, if PAC			
Street Address 2641 Swisher Creek Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 4	Y 0	Amount 240.00		
Full Name of Contributor Scott McComb						Registration Number, if PAC			
Street Address 230 Barnhill Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 100.00		
Full Name of Contributor Jill Shuler						Registration Number, if PAC			
Street Address 88 Highmeadow Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Columbus	State O	H H	Zip Code 43230-1790	M 0	D 4	Y 0	Amount 100.00		
Full Name of Contributor Jan Ross						Registration Number, if PAC			
Street Address 166 Chapelfield Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 100.00		
Full Name of Contributor Kim Kessler						Registration Number, if PAC			
Street Address 99 Walcreek Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 100.00		
Full Name of Contributor Gregg Morris						Registration Number, if PAC			
Street Address 7680 Clear Creek Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 4	Y 0	Amount 35.00		
Full Name of Contributor Steve Pierce						Registration Number, if PAC			
Street Address 1265 Pond Hollow Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City New Albany	State O	H H	Zip Code 43054	M 0	D 4	Y 0	Amount 100.00		

* 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 \$ 875.00