

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Michele Disbro						Registration Number, if PAC			
Street Address 3499 Leighton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H	Zip Code 43221		M 0	D 3	Y 0	Amount 70.00	
Full Name of Contributor Shirley Katzmeyer						Registration Number, if PAC			
Street Address 895 Ludwig Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H	Zip Code 43230		M 0	D 3	Y 0	Amount 86.00	
Full Name of Contributor Linda Dolder						Registration Number, if PAC			
Street Address 2668 Northmont Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick		State O H	Zip Code 43004		M 0	D 3	Y 0	Amount 70.00	
Full Name of Contributor Beth Langhals						Registration Number, if PAC			
Street Address 901 Aries Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H	Zip Code 43230		M 0	D 3	Y 0	Amount 75.00	
Full Name of Contributor April Gillespie						Registration Number, if PAC			
Street Address 12214 Woodburn Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pickerington		State O H	Zip Code 43147		M 0	D 3	Y 0	Amount 35.00	
Full Name of Contributor Jill Rak						Registration Number, if PAC			
Street Address 175 Brookhill Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H	Zip Code 43230		M 0	D 3	Y 0	Amount 70.00	
Full Name of Contributor Lettie Huyghe						Registration Number, if PAC			
Street Address 1276 Bayboro Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany		State O H	Zip Code 43054		M 0	D 3	Y 0	Amount 70.00	
Full Name of Contributor Heather Repasky						Registration Number, if PAC			
Street Address 462 Sutterton Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H	Zip Code 43230		M 0	D 3	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 526.00