

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Jill Rissler					Registration Number, if PAC		
Street Address 7011 Sun Valley Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0 3	D 0 2	Y 1 0	Amount 100.00	
Full Name of Contributor Sarah Hensley					Registration Number, if PAC		
Street Address 322 Rocky Springs Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0 3	D 0 2	Y 1 0	Amount 30.00	
Full Name of Contributor Julie Baldwin					Registration Number, if PAC		
Street Address 755 Autumn Ash Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 0 2	Y 1 0	Amount 70.00	
Full Name of Contributor Heidi Sullivan					Registration Number, if PAC		
Street Address 663 Grove Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 0 2	Y 1 0	Amount 48.00	
Full Name of Contributor Joan Miller					Registration Number, if PAC		
Street Address 7042 Weurful Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Canal Winchester	State O H	Zip Code 43110	M 0 3	D 0 2	Y 1 0	Amount 50.00	
Full Name of Contributor Rhonda Wamsley					Registration Number, if PAC		
Street Address 4425 Cordova Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 0 3	D 0 2	Y 1 0	Amount 50.00	
Full Name of Contributor Adam Johns					Registration Number, if PAC		
Street Address 463 E Tulane Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43202	M 0 3	D 0 2	Y 1 0	Amount 25.00	
Full Name of Contributor Elizabeth Debney					Registration Number, if PAC		
Street Address 768 Shellbark St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0 3	D 0 2	Y 1 0	Amount 60.00	

* 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 \$ 433.00