

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Justin Sanford				Registration Number, if PAC			
Street Address 1748 Harrison Pond Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City New Albany	State OH	Zip Code 43054		M 1	D 0	Y 0	100.00
Full Name of Contributor Teachers Wear Jeans Fundraiser (donations each less than \$20)				Registration Number, if PAC			
Street Address Middle School East and West		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash		Amount	
City Gahanna	State OH	Zip Code 43230		M 1	D 0	Y 0	110.00
Full Name of Contributor Michele Henry				Registration Number, if PAC			
Street Address 855 Ludwig Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Gahanna	State OH	Zip Code 43230		M 1	D 0	Y 0	40.00
Full Name of Contributor Jessica Anderson				Registration Number, if PAC			
Street Address 13228 Durham Cir		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Pickerington	State OH	Zip Code 43147		M 1	D 0	Y 0	10.00
Full Name of Contributor William Knott				Registration Number, if PAC			
Street Address 8957 Woodside St NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Canal Winchester	State OH	Zip Code		M 1	D 0	Y 0	15.00
Full Name of Contributor Andrea Varasso-Mulisano				Registration Number, if PAC			
Street Address 5302 Branscom Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Westerville	State OH	Zip Code 43081		M 1	D 0	Y 0	25.00
Full Name of Contributor Teachers Wear Jeans Fundraiser (donations each less than \$20)				Registration Number, if PAC			
Street Address Chapelfield Elementary		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash		Amount	
City Gahanna	State OH	Zip Code 43230		M 1	D 0	Y 0	100.00
Full Name of Contributor T-shirt Fundraiser				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash		Amount	
City OH	State	Zip Code		M 1	D 0	Y 1	10.00

* 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)]