

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Patircia McQuirt					Registration Number, if PAC		
Street Address 605 Codrington Cir		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 50.00	
Full Name of Contributor Judith Ratzenberger					Registration Number, if PAC		
Street Address 235 Shull Ave		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 92.00	
Full Name of Contributor Kristy Mishler					Registration Number, if PAC		
Street Address 916 Ludwig Drive		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 140.00	
Full Name of Contributor Frank Skeens					Registration Number, if PAC		
Street Address 13061 Lockbourne Eastern Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Ashville	State O H	Zip Code 43103	M 0 3	D 0 2	Y 1 0	Amount 35.00	
Full Name of Contributor Wendy Gruenbaum					Registration Number, if PAC		
Street Address 54 Highmeadow		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 55.00	
Full Name of Contributor Jodine Beggrow					Registration Number, if PAC		
Street Address 356 Norther Spy cir		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Howard	State O H	Zip Code 43028	M 0 3	D 0 2	Y 1 0	Amount 50.00	
Full Name of Contributor Jessica Shaw					Registration Number, if PAC		
Street Address 4277 Camden Passage Dr		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 20.00	
Full Name of Contributor Colleen Cavin					Registration Number, if PAC		
Street Address 367 Holly Grove Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Lewis Center	State O H	Zip Code 43035	M 0 3	D 0 2	Y 1 0	Amount 56.00	

* 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 \$ 498.00