

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor MI Homes Service, LLC						Registration Number, if PAC	
Street Address 3 Easton Oval, Suite 420			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O	H H	Zip Code 43219	M 0	D 4	Y 1	Amount 2,500.00
Full Name of Contributor Jefferson Elementary PTA						Registration Number, if PAC	
Street Address 136 Carpenter Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 1	Amount 500.00
Full Name of Contributor HC Nutting						Registration Number, if PAC	
Street Address 18001 W 106th Street, Suite 300			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Olathe	State K	S S	Zip Code 66061	M 0	D 4	Y 2	Amount 100.00
Full Name of Contributor Martin J Hughes						Registration Number, if PAC	
Street Address 150 E Wilson Bridge Rd, Suite 300			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O	H H	Zip Code 43085	M 0	D 4	Y 2	Amount 5,000.00
Full Name of Contributor Karen Dearbaugh						Registration Number, if PAC	
Street Address 5148 Upper Mount Row			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City New Albany	State O	H H	Zip Code 43054	M 0	D 4	Y 2	Amount 100.00
Full Name of Contributor Karen Ferngou						Registration Number, if PAC	
Street Address 839 Moon Glow Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 3	Amount 100.00
Full Name of Contributor Edna Wright						Registration Number, if PAC	
Street Address 976 Grandon Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O	H H	Zip Code 43230	M 0	D 4	Y 3	Amount 25.00
Full Name of Contributor Deborah Carley						Registration Number, if PAC	
Street Address 837 Nob Hill			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State O	H H	Zip Code 43230	M 0	D 5	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 \$ 8,425.00