

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Carey Ker					Registration Number, if PAC		
Street Address 212 Cam Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 3	Y 1 0	Amount 5.00	
Full Name of Contributor Larry Lewellen					Registration Number, if PAC		
Street Address 860 Hensel Woods Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 3	Y 1 0	Amount 20.00	
Full Name of Contributor Jeanne Gokcen					Registration Number, if PAC		
Street Address 474 Whitley Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 3	Y 1 0	Amount 5.00	
Full Name of Contributor Julie Fire					Registration Number, if PAC		
Street Address 213 Ashley Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 3	Y 1 0	Amount 5.00	
Full Name of Contributor Dianne Jander					Registration Number, if PAC		
Street Address 930 Old Pine Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 3	Y 1 0	Amount 10.00	
Full Name of Contributor Maureen Emoff					Registration Number, if PAC		
Street Address 1123 Sleeping Meadow Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City New Albany	State O H	Zip Code 43054	M 0 3	D 2 2	Y 1 0	Amount 5.00	
Full Name of Contributor Michael Celantano					Registration Number, if PAC		
Street Address 710 Havens Corners Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 2	Y 1 0	Amount 15.00	
Full Name of Contributor Amy Frick					Registration Number, if PAC		
Street Address 255 Marjoram Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 2	Y 1 0	Amount 5.00	

* 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 \$ 70.00