

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Maureen Emoff						Registration Number, if PAC							
Street Address 1123 Sleeping Meadow Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City New Albany		State O H		Zip Code 43054		M 0 3		D 0 9		Y 1 0		Amount 100.00	
Full Name of Contributor Rae Harriott-White						Registration Number, if PAC							
Street Address 1744 Harrison Pond Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City New Albany		State O H		Zip Code 43054		M 0 3		D 0 9		Y 1 0		Amount 100.00	
Full Name of Contributor Jan M Elzey Trust						Registration Number, if PAC							
Street Address 6233 Brooksong Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Blacklick		State 0 H		Zip Code 43004		M 0 3		D 0 9		Y 1 0		Amount 30.00	
Full Name of Contributor Cathy Arnett						Registration Number, if PAC							
Street Address 656 Tim Tam Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 9		Y 1 0		Amount 100.00	
Full Name of Contributor Emily Dales						Registration Number, if PAC							
Street Address 790 Summit Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43215		M 0 3		D 0 9		Y 1 0		Amount 25.00	
Full Name of Contributor Susan Owens						Registration Number, if PAC							
Street Address 399 Middleground Rd SW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Pataskala		State O H		Zip Code 43062		M 0 3		D 0 9		Y 1 0		Amount 45.00	
Full Name of Contributor Edward Woodman						Registration Number, if PAC							
Street Address 782 Pimlico Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 9		Y 1 0		Amount 50.00	
Full Name of Contributor Christa Swickard						Registration Number, if PAC							
Street Address 144 Windward Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Pataskala		State O H		Zip Code 43062		M 0 3		D 0 9		Y 1 0		Amount 40.00	

* 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 \$ 490.00