

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Kathryn Anderson					Registration Number, if PAC		
Street Address 3259 Vinton Park Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43028	M 0 4	D 0 6	Y 1 1	Amount 60.00	
Full Name of Contributor John Snoad					Registration Number, if PAC		
Street Address 1004 Arcaro Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 0 6	Y 1 1	Amount 25.00	
Full Name of Contributor Emily Straub					Registration Number, if PAC		
Street Address 551 Springwood Lake Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 0 6	Y 1 1	Amount 30.00	
Full Name of Contributor Jennifer Hawkins					Registration Number, if PAC		
Street Address 678 Clark State Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 0 6	Y 1 1	Amount 30.00	
Full Name of Contributor Lori Kokales					Registration Number, if PAC		
Street Address 1640 Minturn Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 0 4	D 0 6	Y 1 1	Amount 20.00	
Full Name of Contributor Paige Harding					Registration Number, if PAC		
Street Address 741 McConell Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43230	M 0 4	D 0 6	Y 1 1	Amount 25.00	
Full Name of Contributor Leslie Twigg					Registration Number, if PAC		
Street Address 738 Tree Bend Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 0 4	D 0 6	Y 1 1	Amount 25.00	
Full Name of Contributor Kimberly Neary					Registration Number, if PAC		
Street Address 860 North Stygler Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 0 6	Y 1 1	Amount 20.00	

* 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 \$ 235.00