

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools												
Full Name of Contributor Lauren Scott						Registration Number, if PAC						
Street Address 3936 Cedar Crest Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43230		M 0 3		D 0 9		Y 1 0		Amount 50.00
Full Name of Contributor Michael Melink						Registration Number, if PAC						
Street Address 448 Shady Spring Dr			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 Minday Shaffer						Registration Number, if PAC						
Street Address 432 Dennison Ct NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Lancaster		State 0 H		Zip Code 43130		M 0 3		D 0 9		Y 1 0		Amount 25.00
Full Name of Contributor TK Margolis						Registration Number, if PAC						
Street Address 1047 Grandon Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Bexley		State O H		Zip Code 43209		M 0 3		D 0 9		Y 1 0		Amount 75.00
Full Name of Contributor Melvin Tobias						Registration Number, if PAC						
Street Address 440 Banbury Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 433230		M 0 3		D 0 9		Y 1 0		Amount 40.00
Full Name of Contributor Mary Moss						Registration Number, if PAC						
Street Address 756 Autumn Ash Ct			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 70.00
Full Name of Contributor Chris Falkenberg						Registration Number, if PAC						
Street Address 415 sutterton Dr			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 Catherine Squillace						Registration Number, if PAC						
Street Address 753 Black Gold Avenue			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

* 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 \$ 510.00