31-A R.C. 3517.10



Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | <u></u> | | | |
|-------------------------------------|---|---------------------------|-----------------------------|---------------|--------------------------|
| Name of Committee in Full | | | | | |
| Citizens for Quality Schools | | | | | _ |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Robert McCafferty | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 2755 Northmont Dr | | | | | check |
| City | State | Zip Code | M D | Y | Amount |
| Blacklick | ОН | 43004 | 0 9 1 7 | 1 0 | 100.00 |
| Full Name of Contributor | | | Registration Numb | er, if PA | C T |
| Mark Semer | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 38 West Pacemont | | | | | check |
| City | State | Zip Code | M D | Y | Amount |
| Columbus | O H | 43202 | 0 9 1 7 | 1 0 | 150.00 |
| Full Name of Contributor | | | Registration Numb | | |
| Barbara J Murdock | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | - | | Form (Cash, Check, etc.) |
| 1899 Lockmere Ct. | Employen Occupation Tation Organization | | | | check |
| City | State | Zip Code | M D | Y | Amount |
| Reynoldsburg | О Н | 43068 | 0 9 1 7 | 1 0 | 100.00 |
| Full Name of Contributor | - 101 | 140000 | Registration Numb | | |
| Mark White | | | Kegistidon Ivani | JC1, 11 1 7 1 | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 1744 Harrison Pond Drive | Employer/Occupation/Labor Organization* | | | | check |
| City | State | Zip Code | M D | Y | Amount |
| | 1 | I ' | | | |
| New Albany Full Name of Contributor | O H | 43054 | | 1 0 | 200.00 |
| | | | Registration Numb | per, ii PA | C . |
| Ron Foltz | To 1 10 | | | | ln (0) 01) |
| Street Address | Employer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 350 Winnow Ct | | To a second | | | check |
| City | State | Zip Code | M D | Y | Amount |
| Sunbury | O H | 43074 | 0 9 1 7 | 1 0 | 100.00 |
| Full Name of Contributor | | | Registration Numb | per, if PA | С |
| Robin Murdock | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 1055 Arcaro Dr | | <u> </u> | | | check |
| City | State | Zip Code | M D | Y | Amount |
| Gahanna | O H | 43230 | 0 9 1 7 | 1 0 | 100.00 |
| Full Name of Contributor | | | Registration Numb | per, if PA | С |
| Brooke Menduni | | | L | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 6845 Monticello Ln | | | | | check |
| City | State | Zip Code | M D | Y | Amount |
| Dublin | O H | 43016 | 0 9 1 7 | 1 0 | <i>7</i> 5.00 |
| Full Name of Contributor | · · · · · · · · · · · · · · · · · · · | • | Registration Numb | er, if PA | |
| Alayne Quick | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 799 Tricolor Dr | | | | | check |
| City | State | Zip Code | M D | Y | Amount |
| Reynoldsburg | ОІН | 43068 | 0 9 1 7 | 110 | 45.00 |
| | | 1 20000 | | _ i U | 25.00 |

* 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 \$ | 870.00 |
|---------------|--------|