

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Catherine Gerker					Registration Number, if PAC		
Street Address 2609 Jefferson Estates Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0 9	D 2 8	Y 1 0	Amount 50.00	
Full Name of Contributor Jennifer Clippinger					Registration Number, if PAC		
Street Address 4233 Crumley Rd.SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Lancaster	State O H	Zip Code 43130	M 0 9	D 2 8	Y 1 0	Amount 50.00	
Full Name of Contributor Joyce Kiourtsis					Registration Number, if PAC		
Street Address 1040 Arcaro Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 8	Y 1 0	Amount 50.00	
Full Name of Contributor Angela Ferraris					Registration Number, if PAC		
Street Address 850 Euclaure Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 0 9	D 2 8	Y 1 0	Amount 40.00	
Full Name of Contributor Wendi Ankrim					Registration Number, if PAC		
Street Address 971 Vista Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 8	Y 1 0	Amount 10.00	
Full Name of Contributor Tamara Bowsher					Registration Number, if PAC		
Street Address 739 Ashford Glen Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 8	Y 1 0	Amount 65.00	
Full Name of Contributor Lori Whipple					Registration Number, if PAC		
Street Address 490 Shaker Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 8	Y 1 0	Amount 75.00	
Full Name of Contributor Angela Cox					Registration Number, if PAC		
Street Address 461 Cherry St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Groveport	State O H	Zip Code 43215	M 0 9	D 2 8	Y 1 0	Amount 75.00	

* 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 \$ 415.00