

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Gregory Meadows					Registration Number, if PAC		
Street Address 6702 Estate View Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 1 0	D 0 4	Y 1 0	Amount 50.00	
Full Name of Contributor Jane Hooper					Registration Number, if PAC		
Street Address 847 Humbolt Dr W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 5	Y 1 0	Amount 50.00	
Full Name of Contributor Solomon Desta					Registration Number, if PAC		
Street Address 356 Shell Court West		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Whitehall	State O H	Zip Code 43213	M 1 0	D 0 5	Y 1 0	Amount 20.00	
Full Name of Contributor Carol McKenna					Registration Number, if PAC		
Street Address 202 Academy Way Ct W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 5	Y 1 0	Amount 125.00	
Full Name of Contributor Justin Sanford					Registration Number, if PAC		
Street Address 1748 Harrison Pond Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 1 0	D 0 5	Y 1 0	Amount 110.00	
Full Name of Contributor Julio Valladares					Registration Number, if PAC		
Street Address 822 McDonell Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 5	Y 1 0	Amount 110.00	
Full Name of Contributor Brett Harmon					Registration Number, if PAC		
Street Address 230 Farm Creek Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 5	Y 1 0	Amount 120.00	
Full Name of Contributor School Insurance Consultants, LLC					Registration Number, if PAC		
Street Address 2671 Shawhan Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Lebanon	State O H	Zip Code 45036	M 1 0	D 0 8	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 \$ **685.00**