Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Quality Schools	-			<u></u>
Full Name of Contributor			Registration Number, if	PAC
Shirley Katzmeyer				ì
Street Address	Employer/Occi	apation/Labor Organization		Form (Cash, Check, etc.)
895 Ludwig Dr.				check
City Gahanna	State OH	Zip Code 43230	M D Y 1 4	Amount \$12.00
Full Name of Contributor			Registration Number, if	PAC
Andrea Esterby				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
609 Moss Oak Ave.				check
City	State	Zip Code	M D Y	Amount
Gahanna	OH	43230	1 0 1 0 1 4	\$12.00
Full Name of Contributor Patricia Kovacevich			Registration Number, if	PAC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
205 Ashley Ct.				check
City Gahanna	OH	Zip Code 43230	1 0 1 0 1 4	Amount \$25.00
Full Name of Contributor		<u> </u>		
Johnel Amerson			Registration Number, if I	rac
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
424 Hanton Way				check
City Columbus	State OH	Zip Code 43214	1 0 1 0 1 4	Amount \$30.00
Full Name of Contributor	1		Registration Number, if	PAC
Tailgate Fundraiser- Admission \$1	0/adult \$6/kids			
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
				cash
City	State	Zip Code	M D Y	Amount
	OH _.		1 0 1 0 1 4	\$601.00
Full Name of Contributor Registration Number				PAC
T-shirt Fundraiser (donations each	less than \$20)			
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
Middle School South				cash
City Gahanna	State OH	Zip Code 43230	1 D 1 D 1 4	Amount \$228.00
Full Name of Contributor	<u>!</u> :		Registration Number, if I	PAC
Cathalee Kankiewicz				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
492 Langford Ct				check
City Gahanna	Staire OH	Zip Code 43230	M P Y	Amount \$10.00
Full Name of Contributor Kristina Fleishman	•		Registration Number, if l	PAC
Street Address	Fmolover/Occi	pation/Labor Organization		Form (Cash, Check, etc.)
2134 Odema Dr.				check
City	State	Zip Code	M D Y	Amount
Lima	OH	45806	1 0 0 9 1 4	\$10.00

Page Total \$928.00

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 also appear. [R.C. 3517.10(B)(4)]