

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools												
Full Name of Contributor Kristi Dorn-Wachtel						Registration Number, if PAC						
Street Address 2419 Merbrook Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43235		M 0 3		D 1 5		Y 1 0		Amount 50.00
Full Name of Contributor Damian Hammond						Registration Number, if PAC						
Street Address 4432 Wrens Nest Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City New Albany		State O H		Zip Code 43054		M 0 3		D 1 5		Y 1 0		Amount 70.00
Full Name of Contributor Beth Brant						Registration Number, if PAC						
Street Address 4033 Garrard Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43207		M 0 3		D 1 5		Y 1 0		Amount 70.00
Full Name of Contributor Patricia Gaines						Registration Number, if PAC						
Street Address 11350 Overbrook Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Galena		State O H		Zip Code 43021		M 0 3		D 1 5		Y 1 0		Amount 80.00
Full Name of Contributor Emily Straub						Registration Number, if PAC						
Street Address 551 Springwood Lake Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 1 5		Y 1 0		Amount 65.00
Full Name of Contributor Brenda Eckard						Registration Number, if PAC						
Street Address 4839 Hawkstone			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Hilliard		State O H		Zip Code 43026		M 0 3		D 1 5		Y 1 0		Amount 65.00
Full Name of Contributor James Micciulla						Registration Number, if PAC						
Street Address 855 Humboldt Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 1 5		Y 1 0		Amount 60.00
Full Name of Contributor Christina Demetry						Registration Number, if PAC						
Street Address 889 Dennison Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43215		M 0 3		D 1 5		Y 1 0		Amount 42.00

* 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 \$ 502.00