

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Bonita Azeltine					Registration Number, if PAC		
Street Address 564 Clotts Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 4	Y 1 0	Amount 30.00	
Full Name of Contributor Donna Essex					Registration Number, if PAC		
Street Address 5995 Whitcraigs Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin	State O H	Zip Code 43017	M 1 0	D 0 4	Y 1 0	Amount 20.00	
Full Name of Contributor Coral Link					Registration Number, if PAC		
Street Address 133 W Lakeview Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43202	M 1 0	D 0 4	Y 1 0	Amount 25.00	
Full Name of Contributor Effie Johnson					Registration Number, if PAC		
Street Address 3545 Waggoner Rd		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 20.00	
Full Name of Contributor Linda Reasoner					Registration Number, if PAC		
Street Address 437 Bluestem Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 4	Y 1 0	Amount 85.00	
Full Name of Contributor Linda Debard					Registration Number, if PAC		
Street Address 1834 Chateaugay Way		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 25.00	
Full Name of Contributor Lillian Acker					Registration Number, if PAC		
Street Address 1081 Arcaro Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 4	Y 1 0	Amount 80.00	
Full Name of Contributor Michael Kralovic					Registration Number, if PAC		
Street Address 1984 Elbert Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Powell	State O H	Zip Code 43065	M 1 0	D 0 4	Y 1 0	Amount 52.00	

* 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 \$ 337.00