

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Susan Mattingly					Registration Number, if PAC		
Street Address 8086 Bellow Park		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 3	D 0 2	Y 1 0	Amount 80.00	
Full Name of Contributor Jessica Anderson					Registration Number, if PAC		
Street Address 2779 Terrace Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Millersport	State O H	Zip Code 43046	M 0 3	D 0 2	Y 1 0	Amount 60.00	
Full Name of Contributor Ashley Hamilton					Registration Number, if PAC		
Street Address 115 Woodlawn		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Belpre	State O H	Zip Code 45714	M 0 3	D 0 2	Y 1 0	Amount 40.00	
Full Name of Contributor Katharine Lewicki					Registration Number, if PAC		
Street Address 6421 Upperlake Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0 3	D 0 2	Y 1 0	Amount 100.00	
Full Name of Contributor Lisa Grooms					Registration Number, if PAC		
Street Address 1276 Jensen Park Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 0 3	D 0 2	Y 1 0	Amount 50.00	
Full Name of Contributor Robert Williams					Registration Number, if PAC		
Street Address 999 S Remington Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 3	D 0 2	Y 1 0	Amount 80.00	
Full Name of Contributor Melissa Woodruff					Registration Number, if PAC		
Street Address 7876 Blacklick ViewDr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0 3	D 0 2	Y 1 0	Amount 165.00	
Full Name of Contributor Reba Powers					Registration Number, if PAC		
Street Address 4490 Shull Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 0 2	Y 1 0	Amount 90.00	

* 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 \$ 665.00