

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Mary Powell						Registration Number, if PAC			
Street Address 1540 Bent Maple Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		Amount	
City Blacklick	State O	H H	Zip Code 43004			M 1	D 0	Y 2	7 1 4
						Amount		25.00	
Full Name of Contributor Tim Kovacs						Registration Number, if PAC			
Street Address 12735 Grable Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		Amount	
City Pickerington	State O	H H	Zip Code 43147			M 1	D 0	Y 2	7 1 4
						Amount		20.00	
Full Name of Contributor Christina Eckstein						Registration Number, if PAC			
Street Address 450 E Stanton Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		Amount	
City Columbus	State O	H H	Zip Code 43214			M 1	D 0	Y 2	7 1 4
						Amount		20.00	
Full Name of Contributor Kelly Donaldson						Registration Number, if PAC			
Street Address 320 Warlock Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		Amount	
City Gahanna	State O	h h	Zip Code 43230			M 1	D 0	Y 2	7 1 4
						Amount		50.00	
Full Name of Contributor Ellen Schultz						Registration Number, if PAC			
Street Address 333 Sycamore Ridge Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		Amount	
City Gahanna	State O	H H	Zip Code 43230			M 1	D 0	Y 2	7 1 4
						Amount		30.00	
Full Name of Contributor Sean Anderson						Registration Number, if PAC			
Street Address 53 S. Vine St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		Amount	
City Westerville	State O	H H	Zip Code 43081			M 1	D 0	Y 2	7 1 4
						Amount		10.00	
Full Name of Contributor Jennifer Brown						Registration Number, if PAC			
Street Address 5317 York Rd SW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		Amount	
City Pataskala	State O	H H	Zip Code 43062			M 1	D 0	Y 2	7 1 4
						Amount		20.00	
Full Name of Contributor Yard Sign Donations						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		Amount	
City	State		Zip Code			M 1	D 0	Y 2	7 1 4
						Amount		226.00	

* 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)]