Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
Citizens for Quality Schools

Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if PAC	
Robert Griffiths			
Street Address			Form (Cash, Check, etc.)
120 Mendolin Way			check
City / State / Zip Code		M D Y	Amount
Powell OH 43065		10 09 14	20.00
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if PAC	
Jennifer Palguta			
Street Address			Form (Cash, Check, etc.)
2687 Northmont Dr			check
City / State / Zip Code		M D Y	Amount
Blacklick OH 43004		10 14 14	50.00
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if PAC	
Michael Shade			
Street Address			Form (Cash, Check, etc.)
2323 Reynoldsburg-New Albany Rd			check
City / State / Zip Code		M D Y	Amount
Blacklick OH 43004		10 07 14	20.00
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if PAC	
Tracie Clay			
Street Address			Form (Cash, Check, etc.)
394 Beecher Rd			check
City / State / Zip Code		M D Y	Amount
Gahanna OH 43230		10 07 14	20.00
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if PAC	
Amanda Collier			
Street Address			Form (Cash, Check, etc.)
916 Gray Dr			check
City / State / Zip Code		M D Y	Amount
Pickerington OH 43147		10 06 14	10.00
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if PAC	
Wendy Fafata-Roberts			
Street Address			Form (Cash, Check, etc.)
318 Lyncroft Ct			check
City / State / Zip Code		M D Y	Amount
Gahanna OH 43230		10 07 14	25.00
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if PAC	
Susan Vandop			
Street Address			Form (Cash, Check, etc.)
341 Cornhill Ct			check
City / State / Zip Code		M D Y	Amount
Westerville OH 43081		10 07 14	20.00
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if PAC	
Jeannette Frioni			
Street Address			Form (Cash, Check, etc.)
1934 Rockdale Dr			check
City / State / Zip Code		M D Y	Amount
Columbus OH 43229		10 07 14	50.00

* 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 $ 215.00