

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools												
Full Name of Contributor Cheryl Steger						Registration Number, if PAC						
Street Address 5034 Weurful Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Canal Winchester		State O H		Zip Code 43110		M 0 4		D 2 1		Y 1 1		Amount 20.00
Full Name of Contributor Jill Rak						Registration Number, if PAC						
Street Address 175 Brookhill Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 4		D 2 1		Y 1 1		Amount 50.00
Full Name of Contributor Catherine Gerker						Registration Number, if PAC						
Street Address 2609 Jefferson Estates Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Blacklick		State O H		Zip Code 43004		M 0 4		D 2 1		Y 1 1		Amount 30.00
Full Name of Contributor Deborah Zamora						Registration Number, if PAC						
Street Address 651 Sycamore Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 4		D 2 1		Y 1 1		Amount 30.00
Full Name of Contributor Barbara Nose						Registration Number, if PAC						
Street Address 137 S Virgina Lee rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43209		M 0 4		D 2 1		Y 1 1		Amount 50.00
Full Name of Contributor Richard Oxley						Registration Number, if PAC						
Street Address 253 E Schrock Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Westerville		State O H		Zip Code 43081		M 0 4		D 2 1		Y 1 1		Amount 116.00
Full Name of Contributor Barbara Murdock						Registration Number, if PAC						
Street Address 1899 Lockmere Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Reynoldsburg		State O H		Zip Code 43068		M 0 4		D 2 1		Y 1 1		Amount 100.00
Full Name of Contributor Gahanna Jefferson Education Foundation						Registration Number, if PAC						
Street Address 160 S Hamilton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 4		D 2 1		Y 1 1		Amount 885.00

* 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 \$ 1,281.00