

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools												
Full Name of Contributor Alissa Gardner						Registration Number, if PAC						
Street Address 5907 New Albany Rd W			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City New Albany		State O H		Zip Code 43054		M 0 4		D 2 1		Y 1 1		Amount 20.00
Full Name of Contributor Beth Brant						Registration Number, if PAC						
Street Address 4033 Garrard Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43207		M 0 4		D 2 1		Y 1 1		Amount 50.00
Full Name of Contributor Karie Gregory						Registration Number, if PAC						
Street Address 3547 Babbert Rd			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 50.00
Full Name of Contributor Amy Clark						Registration Number, if PAC						
Street Address 373 Durbarton Road			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 10.00
Full Name of Contributor John Marette						Registration Number, if PAC						
Street Address 3952 Chowning Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State O H		Zip Code 43220		M 0 4		D 2 1		Y 1 1		Amount 20.00
Full Name of Contributor Deborah Hoffman						Registration Number, if PAC						
Street Address 6271 Turret Dr			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 20.00
Full Name of Contributor Anne Weilbacher						Registration Number, if PAC						
Street Address 1213 Oakwood Lane			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 20.00
Full Name of Contributor Tracie Clay						Registration Number, if PAC						
Street Address 394 Beecher Road			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 20.00

* 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)]