

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Michael Shade						Registration Number, if PAC			
Street Address 2323 Reynoldsburg New Albany Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick		State O H	Zip Code 43004	M 0	D 4	Y 2	Y 1	Y 1	Amount 20.00
Full Name of Contributor Kathleen Spencer						Registration Number, if PAC			
Street Address 6589 Coonpath Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Carroll		State O H	Zip Code 43112	M 0	D 4	Y 2	Y 1	Y 1	Amount 42.00
Full Name of Contributor Wendy Fafata-Roberts						Registration Number, if PAC			
Street Address 319 Lynchcroft			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H	Zip Code 43230	M 0	D 4	Y 2	Y 1	Y 1	Amount 20.00
Full Name of Contributor Jeanette Froria						Registration Number, if PAC			
Street Address 1934 Rockdale Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H	Zip Code 43229	M 0	D 4	Y 2	Y 1	Y 1	Amount 100.00
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		
City Blacklick		State O H	Zip Code 43004	M 0	D 4	Y 2	Y 1	Y 1	Amount 15.00
Full Name of Contributor Renee Snyder						Registration Number, if PAC			
Street Address 5802 Bunton Hush Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany		State O H	Zip Code 43054	M 0	D 4	Y 2	Y 1	Y 1	Amount 40.00
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		
City Gahanna		State O H	Zip Code 43230	M 0	D 4	Y 2	Y 1	Y 1	Amount 20.00
Full Name of Contributor Todd Kuck						Registration Number, if PAC			
Street Address 1017 Rutland Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Worthington		State O H	Zip Code 43085	M 0	D 4	Y 2	Y 1	Y 1	Amount 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 \$ 307.00