

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Justin Hammond						Registration Number, if PAC							
Street Address 289 Lillian Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Pickerington		State O H		Zip Code 43147		M 0 3		D 0 2		Y 1 0		Amount 40.00	
Full Name of Contributor Dean Townsend						Registration Number, if PAC							
Street Address 11350 Coop Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Thornville		State O H		Zip Code 43076		M 0 3		D 0 2		Y 1 0		Amount 75.00	
Full Name of Contributor Paul Miller						Registration Number, if PAC							
Street Address 7796 Holderman Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Lewis Center		State O H		Zip Code 43035		M 0 3		D 0 2		Y 1 0		Amount 75.00	
Full Name of Contributor Brenda Donelson						Registration Number, if PAC							
Street Address 787 Headley Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 80.00	
Full Name of Contributor Dianna Downing						Registration Number, if PAC							
Street Address 295 Stewart Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43206		M 0 3		D 0 2		Y 1 0		Amount 80.00	
Full Name of Contributor Jenny Savakinas						Registration Number, if PAC							
Street Address 6723 New Alban Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City New Albany		State O H		Zip Code 43054		M 0 3		D 0 2		Y 1 0		Amount 90.00	
Full Name of Contributor Lyle Linerode						Registration Number, if PAC							
Street Address 252 Ovevrdrive SE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Heath		State O H		Zip Code 43056		M 0 3		D 0 2		Y 1 0		Amount 70.00	
Full Name of Contributor Laura Thomas						Registration Number, if PAC							
Street Address 10156 Wellington Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Pickerington		State O H		Zip Code 43147		M 0 3		D 0 2		Y 1 0		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 \$ 560.00