

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Josh Goody					Registration Number, if PAC		
Street Address 6063 Pasqual Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43213	M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor Betsy Coccia					Registration Number, if PAC		
Street Address 622 Deer Run Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1	D 0	Y 1	Amount 56.00	
Full Name of Contributor Beth Heaton					Registration Number, if PAC		
Street Address 6504 Limpkin Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1	D 0	Y 1	Amount 40.00	
Full Name of Contributor Amie Byers					Registration Number, if PAC		
Street Address 5460 Winchester Cathedral		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Canal Winchester	State O H	Zip Code 43110	M 1	D 0	Y 1	Amount 15.00	
Full Name of Contributor Marcia Sweet					Registration Number, if PAC		
Street Address 1270 Venetian Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1	D 0	Y 1	Amount 70.00	
Full Name of Contributor Essie Johnson					Registration Number, if PAC		
Street Address PO Box 12415		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Gahanna Jefferson Education Association					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 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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 \$ 356.00