

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Gregory Moreland						Registration Number, if PAC			
Street Address 1029 Pinewood Lane			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 75.00
Full Name of Contributor Adam Johns						Registration Number, if PAC			
Street Address 463 Tulane Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H	Zip Code 43202	M 0	D 4	Y 2	Y 1	Y 1	Amount 20.00
Full Name of Contributor Kimberly Parsons						Registration Number, if PAC			
Street Address 4880 N State Route 61			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Sunbury	State O	H	Zip Code 43074	M 0	D 4	Y 2	Y 1	Y 1	Amount 50.00
Full Name of Contributor Jessica Bradford						Registration Number, if PAC			
Street Address 6099 Sunlawn Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O	H	Zip Code 43081	M 0	D 4	Y 2	Y 1	Y 1	Amount 20.00
Full Name of Contributor Sarah Hensley						Registration Number, if PAC			
Street Address 322 Rocky Springs			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 25.00
Full Name of Contributor Sue Wiegand						Registration Number, if PAC			
Street Address 7945 Hickson 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 100.00
Full Name of Contributor Dale Foor						Registration Number, if PAC			
Street Address 626 Reindeer Lane			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 50.00
Full Name of Contributor Dwight Carter						Registration Number, if PAC			
Street Address 8942 Woodside St NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Canal Winchester	State O	H	Zip Code 43110	M 0	D 4	Y 2	Y 1	Y 1	Amount 130.00

* 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 \$ 470.00