

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Kristen Frystak					Registration Number, if PAC		
Street Address 2604 Woodstock Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington	State O H	Zip Code 43221	M 0 4	D 2 1	Y 1 1	Amount 20.00	
Full Name of Contributor Douglas Parker					Registration Number, if PAC		
Street Address 687 Rosehill Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 4	D 2 1	Y 1 1	Amount 30.00	
Full Name of Contributor Julie Baldwin					Registration Number, if PAC		
Street Address 755 Autumn Ash Court		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	
Full Name of Contributor Elizabeth Debney					Registration Number, if PAC		
Street Address 3438 Tivoli Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43230	M 0 4	D 2 1	Y 1 1	Amount 60.00	
Full Name of Contributor Leslie Tanchevski					Registration Number, if PAC		
Street Address 1131 Gwyndale Dr		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 Mark Kinser					Registration Number, if PAC		
Street Address 5029 Sugar Plum St		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	
Full Name of Contributor Loni Williams					Registration Number, if PAC		
Street Address 6405 Darling 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 20.00	
Full Name of Contributor Lindsay Dexter					Registration Number, if PAC		
Street Address 6402 Skimmer Lane		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)]