

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools						
Full Name of Contributor Melanie Ryan				Registration Number, if PAC		
Street Address 1147 Creekway Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC	
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 6	Y 1 0	Amount 5.00
Full Name of Contributor Christopher Gricar				Registration Number, if PAC		
Street Address 314 Farm Creek Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC	
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 6	Y 1 0	Amount 10.00
Full Name of Contributor Matt Erick				Registration Number, if PAC		
Street Address 782 Tim Tam Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC	
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 5	Y 1 0	Amount 10.00
Full Name of Contributor Beth Schwall				Registration Number, if PAC		
Street Address 492 Woodside Lake Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC	
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 4	Y 1 0	Amount 5.00
Full Name of Contributor Daphne Moehring				Registration Number, if PAC		
Street Address 441 Lily Pond Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC	
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 4	Y 1 0	Amount 25.00
Full Name of Contributor Glenn Ruff				Registration Number, if PAC		
Street Address 426 Emory St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC	
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 4	Y 1 0	Amount 10.00
Full Name of Contributor Jessica Foster				Registration Number, if PAC		
Street Address 1094 Arcaro Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC	
City Gahanna	State O H	Zip Code 43230	M 0 3	D 2 4	Y 1 0	Amount 5.00
Full Name of Contributor Deborah Austin				Registration Number, if PAC		
Street Address 1229 Whispering Meadow Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CC	
City New Albany	State O H	Zip Code 43054	M 0 3	D 2 4	Y 1 0	Amount 5.00

* 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)]