

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality School													
Full Name of Contributor Sherry Owens						Registration Number, if PAC							
Street Address 92 Prestwicke Mill			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Blacklick		State O H		Zip Code 43004		M 0 3		D 0 2		Y 1 0		Amount 70.00	
Full Name of Contributor Jeffrey Lawless						Registration Number, if PAC							
Street Address 244 W Henderson Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43214		M 00 3		D 0 2		Y 1 0		Amount 47.00	
Full Name of Contributor Jack Kruse						Registration Number, if PAC							
Street Address 8320 Schleppi Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Westerville		State O H		Zip Code 43081		M 0 3		D 0 2		Y 1 0		Amount 50.00	
Full Name of Contributor Jonna Gordyan						Registration Number, if PAC							
Street Address 515 Donor Pond Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Blacklick		State O H		Zip Code 43004		M 0 3		D 0 2		Y 1 0		Amount 50.00	
Full Name of Contributor Deborah Jados						Registration Number, if PAC							
Street Address 8306 Altair St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43240		M 0 3		D 0 2		Y 1 0		Amount 30.00	
Full Name of Contributor Donja Bridges						Registration Number, if PAC							
Street Address 2788 E Livingston Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43209		M 0 3		D 0 2		Y 1 0		Amount 25.00	
Full Name of Contributor Marc Ross						Registration Number, if PAC							
Street Address 897 Plum Ridge			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43213		M 0 3		D 0 2		Y 1 0		Amount 65.00	
Full Name of Contributor Susan Moore						Registration Number, if PAC							
Street Address 1042 Kenwick Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43209		M 0 3		D 0 2		Y 1 0		Amount 80.00	

* 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 \$ 417.00