

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Ricky Hauser					Registration Number, if PAC		
Street Address 588 Ridenour Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 0 2	Y 1 0	Amount 20.00	
Full Name of Contributor Stefanie Passwater					Registration Number, if PAC		
Street Address 834 Citation Dr SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pataskala	State O H	Zip Code 43062	M 0 3	D 0 2	Y 1 0	Amount 60.00	
Full Name of Contributor Angela Adrean					Registration Number, if PAC		
Street Address 340 Buck Run Trl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 0 3	D 0 2	Y 1 0	Amount 125.00	
Full Name of Contributor Clark Lockett					Registration Number, if PAC		
Street Address 329 Westerdale		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 0 2	Y 1 0	Amount 80.00	
Full Name of Contributor Lori Scott					Registration Number, if PAC		
Street Address 1815 Misty Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43232	M 0 3	D 0 2	Y 1 0	Amount 87.00	
Full Name of Contributor Kimberly Parson					Registration Number, if PAC		
Street Address 740 White Tail		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 0 2	Y 1 0	Amount 90.00	
Full Name of Contributor Matthew Anderson					Registration Number, if PAC		
Street Address 995 Martin Grove Ct		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 Megan Woodburn					Registration Number, if PAC		
Street Address 8122 Ramaya Crossing 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 60.00	

* 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 \$ 572.00