

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Sherrly Bourgeois							Registration Number, if PAC						
Street Address 4130 Maize Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43224		M 0		D 3		Y 0 2 1 0		Amount 100.00	
Full Name of Contributor Stephanie Heter							Registration Number, if PAC						
Street Address 950 Timothy Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0		D 3		Y 0 2 1 0		Amount 50.00	
Full Name of Contributor James Nicholuson							Registration Number, if PAC						
Street Address 8063 Dunaway Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Westerville		State O H		Zip Code 43082		M 0		D 3		Y 0 2 1 0		Amount 62.00	
Full Name of Contributor Timothy Skamfer							Registration Number, if PAC						
Street Address 795 Pimlico Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0		D 3		Y 0 2 1 0		Amount 89.00	
Full Name of Contributor Dorothy Kerr							Registration Number, if PAC						
Street Address 8289 Dustin Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Galena		State O H		Zip Code 43021		M 0		D 3		Y 0 2 1 0		Amount 90.00	
Full Name of Contributor Amanda Hunt							Registration Number, if PAC						
Street Address 3939 N Waggoner Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Blacklick		State O H		Zip Code 43004		M 0		D 3		Y 0 2 1 0		Amount 45.00	
Full Name of Contributor Chris Linnabary							Registration Number, if PAC						
Street Address 888 Reindeer Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0		D 3		Y 0 2 1 0		Amount 85.00	
Full Name of Contributor Lynn Mauch							Registration Number, if PAC						
Street Address 275 Ainsworth Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0		D 3		Y 0 2 1 0		Amount 50.00	

* 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 \$ 571.00