

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Kimberly Neary					Registration Number, if PAC		
Street Address 860 North Stygler		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 8	Y 1 0	Amount 40.00	
Full Name of Contributor Melissa George					Registration Number, if PAC		
Street Address 680 Woodmark Run		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 8	Y 1 0	Amount 20.00	
Full Name of Contributor Heather Haringa					Registration Number, if PAC		
Street Address 13540 Sudbury Rd NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pickerington	State O H	Zip Code 43147	M 0 9	D 2 8	Y 1 0	Amount 40.00	
Full Name of Contributor Susan Johnston					Registration Number, if PAC		
Street Address 4365 Braunton Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43220	M 0 9	D 2 8	Y 1 0	Amount 50.00	
Full Name of Contributor Jenifer Judy					Registration Number, if PAC		
Street Address 2960 Mondavi Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0 9	D 2 8	Y 1 0	Amount 20.00	
Full Name of Contributor Ann Griffith					Registration Number, if PAC		
Street Address 2593 Olde Hill Ct N		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 0 9	D 2 8	Y 1 0	Amount 50.00	
Full Name of Contributor Kristen Smith					Registration Number, if PAC		
Street Address 424 Highmeadows Village Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Powell	State O H	Zip Code 43065	M 0 9	D 2 8	Y 1 0	Amount 20.00	
Full Name of Contributor Debbie Zamora					Registration Number, if PAC		
Street Address 651 Sycamore Mill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 8	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)]