

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor C Richardson					Registration Number, if PAC		
Street Address 266 Blue Jay Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43235	M 0	D 3	Y 0	Amount 50.00	
Full Name of Contributor Kathryn Anderson					Registration Number, if PAC		
Street Address 3259 Vinton Park Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0	D 3	Y 0	Amount 60.00	
Full Name of Contributor Jerry Mackey					Registration Number, if PAC		
Street Address 2224 Berry Hill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Grove City	State O H	Zip Code 43123	M 0	D 3	Y 0	Amount 40.00	
Full Name of Contributor Pamela Cook					Registration Number, if PAC		
Street Address 131 Bellebrooke Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pataskala	State O H	Zip Code 43062	M 0	D 3	Y 0	Amount 50.00	
Full Name of Contributor Amy Carter					Registration Number, if PAC		
Street Address 151 Rivers Edge Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0	D 3	Y 0	Amount 30.00	
Full Name of Contributor Thomas Gregory					Registration Number, if PAC		
Street Address 3547 Babbitt Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0	D 3	Y 0	Amount 80.00	
Full Name of Contributor Donna Bush					Registration Number, if PAC		
Street Address 4512 Neiswander Square		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 0	D 3	Y 0	Amount 100.00	
Full Name of Contributor Michael Kralovic					Registration Number, if PAC		
Street Address 1984 Elbert Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Powell	State O H	Zip Code 43065	M 0	D 3	Y 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 \$ 460.00