

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Patricia Gaines					Registration Number, if PAC		
Street Address 11350 Overbrook Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Galena	State O H	Zip Code 43021	M 1 0	D 0 4	Y 1 0	Amount 80.00	
Full Name of Contributor Andrea Varasso-Mullisano					Registration Number, if PAC		
Street Address 5302 Branscom Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 1 0	D 0 4	Y 1 0	Amount 40.00	
Full Name of Contributor Ruth Boder					Registration Number, if PAC		
Street Address 248 Kingsmeadow Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 1 0	D 0 4	Y 1 0	Amount 37.00	
Full Name of Contributor Anne Jackson					Registration Number, if PAC		
Street Address 215 Ainsworth Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 4	Y 1 0	Amount 50.00	
Full Name of Contributor David Purdy					Registration Number, if PAC		
Street Address 7808 Industrial Parkway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Plain City	State O H	Zip Code 43064	M 1 0	D 0 4	Y 1 0	Amount 40.00	
Full Name of Contributor Amber Moore					Registration Number, if PAC		
Street Address 132 Hither Creek Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Reynoldsburg	State O H	Zip Code 43068	M 1 0	D 0 4	Y 1 0	Amount 30.00	
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 1 0	D 0 4	Y 1 0	Amount 60.00	
Full Name of Contributor Joe Mischler					Registration Number, if PAC		
Street Address 1404 Doten Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 1 0	D 0 4	Y 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)]