

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Gahanna Lincoln Athletic Boosters						Registration Number, if PAC			
Street Address PO Box 30465		Employer, Occupation/Labor Organization*				Form (Cash, Check, etc.) check		Amount	
City Gahanna	State O	H	Zip Code 43230	M 1	D 0	Y 2	1	1	4
						500.00			
Full Name of Contributor Stephanie Prociuk						Registration Number, if PAC			
Street Address 566 Landover Place		Employer, Occupation/Labor Organization*				Form (Cash, Check, etc.) check		Amount	
City Gahanna	State O	h	Zip Code 43230	M 1	D 0	Y 1	7	1	4
						55.00			
Full Name of Contributor Dwayne Marshall						Registration Number, if PAC			
Street Address 7843 Fairfax Loop Dr		Employer, Occupation/Labor Organization*				Form (Cash, Check, etc.) check		Amount	
City Blacklick	State O	H	Zip Code 43004	M 1	D 0	Y 2	7	1	4
						20.00			
Full Name of Contributor Andrea Saunders						Registration Number, if PAC			
Street Address 255 West Hubbard St. Apt. 1		Employer, Occupation/Labor Organization*				Form (Cash, Check, etc.) check		Amount	
City Columbus	State O	H	Zip Code 43215	M 1	D 0	Y 2	7	1	4
						12.00			
Full Name of Contributor Kristen Airel						Registration Number, if PAC			
Street Address 21145 Oarkhurst Ln		Employer, Occupation/Labor Organization*				Form (Cash, Check, etc.) check		Amount	
City Strongsville	State O	H	Zip Code 44149	M 1	D 0	Y 2	7	1	4
						15.00			
Full Name of Contributor Robert Linnabary						Registration Number, if PAC			
Street Address 688 Reindeer Ln		Employer, Occupation/Labor Organization*				Form (Cash, Check, etc.) check		Amount	
City Gahanna	State O	H	Zip Code 43230	M 1	D 0	Y 2	7	1	4
						50.00			
Full Name of Contributor Rhonda Bishop						Registration Number, if PAC			
Street Address 1062 Eberton Ave		Employer, Occupation/Labor Organization*				Form (Cash, Check, etc.) check		Amount	
City Blacklick	State O	h	Zip Code 43004	M 1	D 0	Y 2	4	1	4
						25.00			
Full Name of Contributor Jonathan Disbro						Registration Number, if PAC			
Street Address 3499 Leighton Rd		Employer, Occupation/Labor Organization*				Form (Cash, Check, etc.) check		Amount	
City Columbus	State O	H	Zip Code 43221	M 1	D 0	Y 2	0	1	4
						25.00			

* 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)]