

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Mindy Wise						Registration Number, if PAC							
Street Address 7921 Blacklick View			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Blacklick		State O H		Zip Code 43004		M 0 3		D 0 2		Y 1 0		Amount 100.00	
Full Name of Contributor Julie Kearney						Registration Number, if PAC							
Street Address 2453 Nottingham Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Upper Arlington		State O H		Zip Code 43221		M 0 3		D 0 2		Y 1 0		Amount 100.00	
Full Name of Contributor Patricia Clark						Registration Number, if PAC							
Street Address 328 Lyncroft Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 50.00	
Full Name of Contributor Karen McCafferty						Registration Number, if PAC							
Street Address 1105 Sleeping Meadow Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City New Albany		State O H		Zip Code 43054		M 0 3		D 0 2		Y 1 0		Amount 75.00	
Full Name of Contributor Leslie Kastner						Registration Number, if PAC							
Street Address 450 Damascus Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Marysville		State O H		Zip Code 43040		M 0 3		D 0 2		Y 1 0		Amount 25.00	
Full Name of Contributor Karen Dawson						Registration Number, if PAC							
Street Address 302 Sumption Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 60.00	
Full Name of Contributor Jessica Shaw						Registration Number, if PAC							
Street Address 4277 Camden Passage Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 20.00	
Full Name of Contributor Edward Wintersteller						Registration Number, if PAC							
Street Address 6946 Spruce Pine Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43235		M 0 3		D 0 2		Y 1 0		Amount 60.00	

* 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 \$ 490.00