

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools												
Full Name of Contributor Jennifer Lukaesko						Registration Number, if PAC						
Street Address 6635 Olivetree Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City Reynoldsburgh		State O H		Zip Code 43068		M 0 3		D 0 2		Y 1 0		Amount 25.00
Full Name of Contributor Ann Gleek						Registration Number, if PAC						
Street Address 7134 Witnerbek Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City New Albany		State O H		Zip Code 43054		M 0 3		D 0 2		Y 1 0		Amount 60.00
Full Name of Contributor Keah Walton						Registration Number, if PAC						
Street Address 246 Haystack			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City Pataskala		State O H		Zip Code 43062		M 0 3		D 0 2		Y 1 0		Amount 60.00
Full Name of Contributor Cynthia Richardson						Registration Number, if PAC						
Street Address 266 Bluejay Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City Columbus		State O H		Zip Code 43235		M 0 3		D 0 2		Y 1 0		Amount 50.00
Full Name of Contributor Lauren Cloud						Registration Number, if PAC						
Street Address 1278 Carnoustic Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City Grove City		State O H		Zip Code 43123		M 0 3		D 0 2		Y 1 0		Amount 20.00
Full Name of Contributor Anonymous individuals below \$25						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City		State O H		Zip Code		M 0 3		D 0 2		Y 1 0		Amount 50.00
Full Name of Contributor Christine Swisher						Registration Number, if PAC						
Street Address 2487 Davry Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) c heck					
City Columbus		State O H		Zip Code 43232		M 0 3		D 0 2		Y 1 0		Amount 100.00
Full Name of Contributor Lindsay Adams						Registration Number, if PAC						
Street Address 889 Mike Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Westerville		State O H		Zip Code 43081		M 0 3		D 0 2		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)]

Page Total \$ 415.00