Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
Citizens For Quality Schools

Full Name of Contributor	Registration Number, if PAC								
Ashley Phillippi									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
7621 Dover Ridge Dr								check	
City	State	Zip Code	M		D		Y	Amount	
Blacklick	O h	43004	1	0	3	1	1 4		25.00
Full Name of Contributor	Registration Number, if PAC								
Mary Leopold									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
504 Whitley Dr								check	
City	State	Zip Code	M		D		Y	Amount	
Gahanna	o h	43230	1	0	3	1	1 4		25.00
Full Name of Contributor	Registration Number, if PAC								
Lori Kokales									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1640 Minturn DR								check	
City	State	Zip Code	M		D		Y	Amount	
New Albany	o h	43054	1	0	3	1	1 4		25.00
Full Name of Contributor	Registration Number, if PAC								
Sandra Nicholson									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
8063 Dunaway Lane								check	
City	State	Zip Code	M		D		Y	Amount	
Westerville	o h	43082	1	0	3	1	1 4		20.00
Full Name of Contributor	Registration Number, if PAC								
Brandon Monnig									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
832 Moon Glow Ct								check	
City	State	Zip Code	M		D		Y	Amount	
Gahanna	o h	43230	1	0	3	1	1 4		10.00
Full Name of Contributor	Registration Number, if PAC								
T-Shirt Donations									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
								cash	
City	State	Zip Code	M		D		Y	Amount	
			1	0	3	1	1 4		14.00
Full Name of Contributor	Registration Number, if PAC								
Anna marie Schaffield									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
71 E 13th Ave								check	
City	State	Zip Code	M		D		Y	Amount	
Columbus	o h	43201	1	0	3	1	1 4		8.00
Full Name of Contributor	Registration Number, if PAC								
Patricia Brohard									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
7578 Eagle Trace Dr								check	
City	State	Zip Code	M		D		Y	Amount	
Westerville	o h	43082	1	1	0	3	1 4		32.00

* 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 $ 159.00