

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor April Gillespie						Registration Number, if PAC			
Street Address 12214 Woodburn Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pickerington		State O H		Zip Code 43147		M 0 9	D 2 8	Y 1 0	Amount 29.00
Full Name of Contributor Cindy Harris						Registration Number, if PAC			
Street Address 4366 Colby Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43227		M 0 9	D 2 8	Y 1 0	Amount 25.00
Full Name of Contributor Susan Domini						Registration Number, if PAC			
Street Address 640 Valley Forge Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State O H		Zip Code 43081		M 0 9	D 2 8	Y 1 0	Amount 40.00
Full Name of Contributor Beth Brant						Registration Number, if PAC			
Street Address 4033 Garrard Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43207		M 0 9	D 2 8	Y 1 0	Amount 100.00
Full Name of Contributor Kristie Skamfer						Registration Number, if PAC			
Street Address 795 Pimlico Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0 9	D 2 8	Y 1 0	Amount 25.00
Full Name of Contributor Jennifer Smith						Registration Number, if PAC			
Street Address 14288 Jug St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Johnstown		State O H		Zip Code 43031		M 0 9	D 2 8	Y 1 0	Amount 65.00
Full Name of Contributor Valerie Hofmann						Registration Number, if PAC			
Street Address 295 Eastchester Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0 9	D 2 8	Y 1 0	Amount 50.00
Full Name of Contributor Sheryl Bourgeois						Registration Number, if PAC			
Street Address 4130 Maize Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43224		M 0 9	D 2 8	Y 1 0	Amount 100.00

* 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)]