

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Kelly Law						Registration Number, if PAC			
Street Address 957 Moon Glow Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 2	Amount 100.00		
Full Name of Contributor J Rodney Tolliver						Registration Number, if PAC			
Street Address 3627 Olentangy Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43214	M 0	D 3	Y 2	Amount 37.00		
Full Name of Contributor Sandra Masterson						Registration Number, if PAC			
Street Address 993 Maebelle Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O	H H	Zip Code 43081	M 0	D 3	Y 2	Amount 100.00		
Full Name of Contributor Patricia English						Registration Number, if PAC			
Street Address 1771 Royal Oak Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Lewis Center	State O	H H	Zip Code 43035	M 0	D 3	Y 2	Amount 50.00		
Full Name of Contributor Essie M Johnson						Registration Number, if PAC			
Street Address PO Box 12415			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43212	M 0	D 3	Y 2	Amount 50.00		
Full Name of Contributor Anne Weilbacher						Registration Number, if PAC			
Street Address 1213 Oakwood Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O	H H	Zip Code 43081	M 0	D 3	Y 2	Amount 40.00		
Full Name of Contributor Suburban Steel						Registration Number, if PAC			
Street Address 1900 Deffenbaugh Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 2	Amount 200.00		
Full Name of Contributor Selene Kelley						Registration Number, if PAC			
Street Address 7108 Pleasant Colony			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 3	Y 2	Amount 40.00		

* 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 \$ 617.00