

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Mary Leopold					Registration Number, if PAC		
Street Address 504 Whitley 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 100.00	
Full Name of Contributor Deborah Murphy					Registration Number, if PAC		
Street Address 6537 Colonial Place		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 30.00	
Full Name of Contributor Catherine Stewart					Registration Number, if PAC		
Street Address 514 Crestview Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43202	M 0 9	D 2 8	Y 1 0	Amount 80.00	
Full Name of Contributor Emily Fisher					Registration Number, if PAC		
Street Address 166 Shull Ave		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 Alana Dougan					Registration Number, if PAC		
Street Address 664 Waterside View Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0 9	D 2 8	Y 1 0	Amount 40.00	
Full Name of Contributor Susan Clement					Registration Number, if PAC		
Street Address 105 Walcreek Dr W		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 20.00	
Full Name of Contributor Jodine Beggrow					Registration Number, if PAC		
Street Address 356 Northern Spy Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Howard	State O H	Zip Code 43028	M 0 9	D 2 8	Y 1 0	Amount 100.00	
Full Name of Contributor Colleen Cavin					Registration Number, if PAC		
Street Address 367 Holly Grove Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Lewis Center	State O H	Zip Code 43035	M 0 9	D 2 8	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 \$ 470.00