

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Marvin Ferguson						Registration Number, if PAC			
Street Address 617 High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick		State O H		Zip Code 43004		M 0 3	D 0 3	Y 1 0	Amount 75.00
Full Name of Contributor Gregory Bird						Registration Number, if PAC			
Street Address PO Box 3274			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin		State O H		Zip Code 43016		M 0 3	D 0 3	Y 1 0	Amount 100.00
Full Name of Contributor Bird/Houk Collaborative						Registration Number, if PAC			
Street Address 600 Creekside Plaza			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0 3	D 0 3	Y 1 0	Amount 200.00
Full Name of Contributor Rita Cook						Registration Number, if PAC			
Street Address 44 Shepherd Dr SW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pataskala		State O H		Zip Code 43062		M 0 3	D 0 3	Y 1 0	Amount 10.00
Full Name of Contributor Marie Amburgey						Registration Number, if PAC			
Street Address 5797 Sharet Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Galloway		State O H		Zip Code 43119		M 0 3	D 0 3	Y 1 0	Amount 6.00
Full Name of Contributor Kimberly Karshner						Registration Number, if PAC			
Street Address 286 Triumph Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0 3	D 0 3	Y 1 0	Amount 22.00
Full Name of Contributor Jo Wilhelmsen						Registration Number, if PAC			
Street Address 8001 Duncan Plains Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Alexandria		State O H		Zip Code 43001		M 0 3	D 0 5	Y 1 0	Amount 40.00
Full Name of Contributor Brian Danforth						Registration Number, if PAC			
Street Address 560 Rocky Fork Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0 3	D 0 5	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 \$ 503.00