

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Rachal Coldwell						Registration Number, if PAC			
Street Address 4906 Strand Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State O H		Zip Code 43081		M 0 4	D 2 1	Y 1 1	Amount 25.00
Full Name of Contributor Christine Linnabary						Registration Number, if PAC			
Street Address 686 Reindeer Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0 4	D 2 1	Y 1 1	Amount 25.00
Full Name of Contributor Kelly Donaldson						Registration Number, if PAC			
Street Address 320 Walrock Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0 4	D 2 1	Y 1 1	Amount 50.00
Full Name of Contributor Yvonne Riego De Dios						Registration Number, if PAC			
Street Address 317 Lindenhaven Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0 4	D 2 1	Y 1 1	Amount 20.00
Full Name of Contributor Lisa McKimmins						Registration Number, if PAC			
Street Address 1020 North St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Utica		State O H		Zip Code 43080		M 0 4	D 2 1	Y 1 1	Amount 20.00
Full Name of Contributor Jennifer Young						Registration Number, if PAC			
Street Address 603 Brookside Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43209		M 0 4	D 2 1	Y 1 1	Amount 25.00
Full Name of Contributor Erin Anderson						Registration Number, if PAC			
Street Address 7146 Winterlock			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany		State O H		Zip Code 43054		M 0 4	D 2 1	Y 1 1	Amount 30.00
Full Name of Contributor Susan Edwards						Registration Number, if PAC			
Street Address 267 Carlin Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0 4	D 2 1	Y 1 1	Amount 30.00

* 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 \$ 225.00