

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Tina Early					Registration Number, if PAC		
Street Address 503 Howland Drive		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 45.00	
Full Name of Contributor Lauren Carr					Registration Number, if PAC		
Street Address 335 Amfield 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 41.00	
Full Name of Contributor Barbara Nose					Registration Number, if PAC		
Street Address 127 S Virginia Lee Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 9	D 2 8	Y 1 0	Amount 100.00	
Full Name of Contributor Audrey Timura					Registration Number, if PAC		
Street Address 4120 Blendon Way 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 60.00	
Full Name of Contributor Amanda Caldwell					Registration Number, if PAC		
Street Address 2064 Coleman Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43235	M 0 9	D 2 8	Y 1 0	Amount 20.00	
Full Name of Contributor Maria Mountain					Registration Number, if PAC		
Street Address 155 Greenbank Road		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 60.00	
Full Name of Contributor Amanda Keyes					Registration Number, if PAC		
Street Address 8807 Lake Ridge Dr		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 40.00	
Full Name of Contributor Victoria Franklin					Registration Number, if PAC		
Street Address 9219 Johnstown-Utica Rd		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 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 \$ 406.00