

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Lisa McKimmins						Registration Number, if PAC							
Street Address 12020 North St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Utica		State O H		Zip Code 43080		M 0 3		D 0 2		Y 1 0		Amount 60.00	
Full Name of Contributor Carol Knott						Registration Number, if PAC							
Street Address 8957 Woodside St. NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Canal Winchester		State O H		Zip Code 43110		M 0 3		D 0 2		Y 1 0		Amount 40.00	
Full Name of Contributor Ellen Maxwell						Registration Number, if PAC							
Street Address 1266 Ashburnham Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 150.00	
Full Name of Contributor Deanna Pentello-Less						Registration Number, if PAC							
Street Address 219 Camrose Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 84.00	
Full Name of Contributor William Zamora						Registration Number, if PAC							
Street Address 651 Sycamore Mill Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 80.00	
Full Name of Contributor Loni Williams						Registration Number, if PAC							
Street Address 6405 Darling Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Blacklick		State O H		Zip Code 43004		M 0 3		D 0 2		Y 1 0		Amount 50.00	
Full Name of Contributor Josh Goody						Registration Number, if PAC							
Street Address 6063 Pasqual Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43213		M 0 3		D 0 2		Y 1 0		Amount 42.00	
Full Name of Contributor Kelli Sprosty						Registration Number, if PAC							
Street Address 6528 Cedar Brook Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City New Albany		State O H		Zip Code 43054		M 0 3		D 0 2		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 \$ 556.00