

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Elizabeth Miller					Registration Number, if PAC		
Street Address 7796 Worley Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Blacklick	State O H	Zip Code 43004	M 1 0	D 0 4	Y 1 0	Amount 40.00	
Full Name of Contributor Mike Lanza					Registration Number, if PAC		
Street Address 1225 Fahlander Dr N		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State O H	Zip Code 43229	M 1 0	D 0 4	Y 1 0	Amount 50.00	
Full Name of Contributor Tiffany Hanna					Registration Number, if PAC		
Street Address 241 North Broadway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State O H	Zip Code 43214	M 1 0	D 0 4	Y 1 0	Amount 50.00	
Full Name of Contributor Cheryl Kempf					Registration Number, if PAC		
Street Address 241 East North Broadway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State O H	Zip Code 43214	M 1 0	D 0 4	Y 1 0	Amount 50.00	
Full Name of Contributor Brian Roberts					Registration Number, if PAC		
Street Address 3311 Dresden Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State O H	Zip Code 43224	M 1 0	D 0 4	Y 1 0	Amount 50.00	
Full Name of Contributor Dona Montgomery					Registration Number, if PAC		
Street Address 122 Misty Oak Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 0 4	Y 1 0	Amount 2,500.00	
Full Name of Contributor Pamela Cook					Registration Number, if PAC		
Street Address 141 Bellebrooke Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pataskala	State O H	Zip Code 43062	M 1 0	D 0 4	Y 1 0	Amount 50.00	
Full Name of Contributor Marcie Aiello					Registration Number, if PAC		
Street Address 6195 Anndina Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 0 4	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)]