

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Nikki Marks							Registration Number, if PAC		
Street Address 104 W Columbus St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Canal Winchester		State O H		Zip Code 43110		M D Y 0 4 2 1 1 1		Amount 75.00	
Full Name of Contributor Jennifer Clippinger							Registration Number, if PAC		
Street Address 4323 Crumley Rd Sw				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Lancaster		State O H		Zip Code 43130		M D Y 0 4 2 1 1 1		Amount 20.00	
Full Name of Contributor Jennifer Burton							Registration Number, if PAC		
Street Address 1374 Waveland Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Gahanna		State O H		Zip Code 43230		M D Y 0 4 2 1 1 1		Amount 35.00	
Full Name of Contributor Edward Wintersteller							Registration Number, if PAC		
Street Address 6946 Spruce Pine Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State O H		Zip Code 43235		M D Y 0 4 2 1 1 1		Amount 20.00	
Full Name of Contributor Mary Beth Friedrich							Registration Number, if PAC		
Street Address 1876 Chateaugay Way				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Blacklick		State O H		Zip Code 43004		M D Y 0 4 2 1 1 1		Amount 25.00	
Full Name of Contributor Colleen Cavin							Registration Number, if PAC		
Street Address 367 Holly Grove Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Lewis Center		State O H		Zip Code 43035		M D Y 0 4 2 1 1 1		Amount 20.00	
Full Name of Contributor Karen Dawson							Registration Number, if PAC		
Street Address 302 Sumption Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Gahanna		State O H		Zip Code 43230		M D Y 0 4 2 1 1 1		Amount 30.00	
Full Name of Contributor Karen McCafferty							Registration Number, if PAC		
Street Address 1105 Sleeping Meadow Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City New Albany		State O H		Zip Code 43054		M D Y 0 4 2 1 1 1		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 \$ 275.00