

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Michele Disbro						Registration Number, if PAC			
Street Address 3499 Leighton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43221		M 0	D 9	Y 2	Amount 80.00
Full Name of Contributor Kelly Donaldson						Registration Number, if PAC			
Street Address 320 Warlock Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Lynn Mauch						Registration Number, if PAC			
Street Address 275 Ainsworth Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0	D 9	Y 2	Amount 50.00
Full Name of Contributor Colleen Alexander						Registration Number, if PAC			
Street Address 8386 Yuma Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Powell		State O H		Zip Code 43065		M 0	D 9	Y 2	Amount 90.00
Full Name of Contributor Beth Langhals						Registration Number, if PAC			
Street Address 901 Aries Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0	D 9	Y 2	Amount 75.00
Full Name of Contributor Dianna Garvey						Registration Number, if PAC			
Street Address 2635 Reynoldsburg New Albany Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick		State O H		Zip Code 43004		M 0	D 9	Y 2	Amount 70.00
Full Name of Contributor Jennifer Wilson						Registration Number, if PAC			
Street Address 879 S Roosevelt Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State O H		Zip Code 43209		M 0	D 9	Y 2	Amount 50.00
Full Name of Contributor Rachel 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	D 9	Y 2	Amount 80.00

* 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 \$ 595.00