Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
Citizens For Quality Schools

Full Name of Contributor	Registration Number, if PAC	
Jessica Cisler		
Street Address	**Employer/Occupation/Labor Organization***	**Form (Cash, Check, etc.)**
4277 Camden Passage Dr		check
City	**State Zip Code**	**M D Y** **Amount**
Columbus	o h 43230	1 1 0 3 1 4 10.00
Full Name of Contributor	**Registration Number, if PAC**	
Shanna Mann		
Street Address	**Employer/Occupation/Labor Organization***	**Form (Cash, Check, etc.)**
117 Longwood Crossing Blvd		check
City	**State Zip Code**	**M D Y** **Amount**
Etna	o h 43062	1 1 0 3 1 4 10.00
Full Name of Contributor	**Registration Number, if PAC**	
Kelly Long		
Street Address	**Employer/Occupation/Labor Organization***	**Form (Cash, Check, etc.)**
PO Box 321		check
City	**State Zip Code**	**M D Y** **Amount**
Canal Winchester	o h 43110	1 1 0 3 1 4 10.00
Full Name of Contributor	**Registration Number, if PAC**	
Jennifer Burton		
Street Address	**Employer/Occupation/Labor Organization***	**Form (Cash, Check, etc.)**
6747 Oak Shadow Dr		check
City	**State Zip Code**	**M D Y** **Amount**
Westerville	o h 43082	1 1 0 3 1 4 12.00
Full Name of Contributor	**Registration Number, if PAC**	
Danielle Barnart		
Street Address	**Employer/Occupation/Labor Organization***	**Form (Cash, Check, etc.)**
3632 Beckley st		check
City	**State Zip Code**	**M D Y** **Amount**
Columbus	o h 43230	1 1 0 3 1 4 12.00
Full Name of Contributor	**Registration Number, if PAC**	
Scott Schmidt		
Street Address	**Employer/Occupation/Labor Organization***	**Form (Cash, Check, etc.)**
699 Tim Tam Ave		check
City	**State Zip Code**	**M D Y** **Amount**
Gahanna	o h 43230	1 1 0 3 1 4 50.00
Full Name of Contributor	**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***	**Form (Cash, Check, etc.)**
City	**State Zip Code**	**M D Y** **Amount**
Full Name of Contributor	**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***	**Form (Cash, Check, etc.)**
City	**State Zip Code**	**M D Y** **Amount**

* 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 $ 104.00