

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Jessica Hurte						Registration Number, if PAC							
Street Address 5516 Sweetwater Valley Ct			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 48.00	
Full Name of Contributor Monica Baker						Registration Number, if PAC							
Street Address 2925 Cordella Ct			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 40.00	
Full Name of Contributor Marcha Pittro						Registration Number, if PAC							
Street Address 274 McKenna Creek Drive			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 50.00	
Full Name of Contributor Susan Siegel						Registration Number, if PAC							
Street Address 279 McKenna Creek Drive			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 100.00	
Full Name of Contributor Jennifer L Sengstock						Registration Number, if PAC							
Street Address 562 Lake Knoll 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 50.00	
Full Name of Contributor Catherine Stewart						Registration Number, if PAC							
Street Address 514 Crestivew Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43202		M 0 3		D 0 2		Y 1 0		Amount 100.00	
Full Name of Contributor Cheyl Bower						Registration Number, if PAC							
Street Address 506 Stratshire Lane			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 175.00	
Full Name of Contributor Lori Kokales						Registration Number, if PAC							
Street Address 1640 Minturn Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City New Albany		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 25.00	

* 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 \$ 588.00