

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Quality Schools</b>						
Full Name of Contributor <b>Mindy Shaffer</b>				Registration Number, if PAC		
Street Address <b>432 Dennison Ct.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City <b>Lancaster</b>	State <b>OH</b>	Zip Code <b>43130</b>	M <b>1</b>	D <b>0</b>	Y <b>07</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Sheryl Bourgeois</b>				Registration Number, if PAC		
Street Address <b>4130 Maize Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43224</b>	M <b>1</b>	D <b>0</b>	Y <b>09</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Stephanie Thomas</b>				Registration Number, if PAC		
Street Address <b>209 Ashley Court</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>0</b>	Y <b>07</b>	Amount <b>\$40.00</b>
Full Name of Contributor <b>Catherine Stewart</b>				Registration Number, if PAC		
Street Address <b>514 Crestview Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43202</b>	M <b>1</b>	D <b>0</b>	Y <b>08</b>	Amount <b>\$30.00</b>
Full Name of Contributor <b>Misc. cash donation - To get acct. out of Dormancy</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City	State <b>OH</b>	Zip Code	M <b>08</b>	D <b>08</b>	Y <b>11</b>	Amount <b>.01</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 also appear. [R.C. 3517.10(B)(4)]