

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools												
Full Name of Contributor Edward Thomas						Registration Number, if PAC						
Street Address 5944 Havens Corners Rd			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 Whitney Sapienza						Registration Number, if PAC						
Street Address 3585 Lake Louise Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Grove City		State O H		Zip Code 43213		M 0 3		D 0 2		Y 1 0		Amount 50.00
Full Name of Contributor Heather Bailey-Lewis						Registration Number, if PAC						
Street Address 2686 Cordella St			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 50.00
Full Name of Contributor Janet Burton						Registration Number, if PAC						
Street Address 464 Coronation Ave			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 75 75.00
Full Name of Contributor Sandra Howard						Registration Number, if PAC						
Street Address 1067 Skinner Ave			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 75.00
Full Name of Contributor Deborah Murphy						Registration Number, if PAC						
Street Address 6537 Colonial Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Westerville		State O H		Zip Code 43082		M 0 3		D 0 2		Y 1 0		Amount 100.00
Full Name of Contributor Paula Madison						Registration Number, if PAC						
Street Address 551 Peak Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Reynoldsburg		State O H		Zip Code 43068		M 0 3		D 0 2		Y 1 0		Amount 20.00
Full Name of Contributor Alan Dougan						Registration Number, if PAC						
Street Address 664 Waterside View Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Blacklick		State O H		Zip Code 43068		M 0 3		D 0 2		Y 1 0		Amount 40.00

* 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 \$ 460.00