

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Sondra Riebel						Registration Number, if PAC							
Street Address 263 Brueghel			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 Kay Tomesek						Registration Number, if PAC							
Street Address 626 Bay Dr			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 87.00	
Full Name of Contributor Jennifer Smith						Registration Number, if PAC							
Street Address 14288 Jug St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Johnstown		State O H		Zip Code 43031		M 0 3		D 0 2		Y 1 0		Amount 61.00	
Full Name of Contributor Megan Poff						Registration Number, if PAC							
Street Address 5299 Knight St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Groveport		State O H		Zip Code 43125		M 0 3		D 0 2		Y 1 0		Amount 40.00	
Full Name of Contributor Amanda Collier						Registration Number, if PAC							
Street Address 916 Gray Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Pickerington		State O H		Zip Code 43137		M 0 3		D 0 2		Y 1 0		Amount 100.00	
Full Name of Contributor Linda Jenks						Registration Number, if PAC							
Street Address 3816 Bentworth Ln			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 25.00	
Full Name of Contributor Jeannette Frioni						Registration Number, if PAC							
Street Address 1934 Rockdale			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43229		M 0 3		D 0 2		Y 1 0		Amount 87.00	
Full Name of Contributor Greg Telecsan						Registration Number, if PAC g							
Street Address 8445 Kingsley Dr			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 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 \$ 530.00