

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Suzanne Costas					Registration Number, if PAC		
Street Address 778 Thomas Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 0 9	D 2 9	Y 1 0	Amount 50.00	
Full Name of Contributor Jonily Zupancic					Registration Number, if PAC		
Street Address 244 Essex Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pataskala	State O H	Zip Code 43062	M 0 9	D 2 9	Y 1 0	Amount 40.00	
Full Name of Contributor Tracie Clay					Registration Number, if PAC		
Street Address 394 Beecher Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 9	Y 1 0	Amount 25.00	
Full Name of Contributor Kathleen Spencer					Registration Number, if PAC		
Street Address 6589 Coonpath Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Carroll	State O H	Zip Code 43112	M 0 9	D 2 9	Y 1 0	Amount 94.00	
Full Name of Contributor Jeannette Frioni					Registration Number, if PAC		
Street Address 1934 Rockdale Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43229	M 0 9	D 2 9	Y 1 0	Amount 100.00	
Full Name of Contributor Wendy Fafata-Roberts					Registration Number, if PAC		
Street Address 318 Lyncroft Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 9	Y 1 0	Amount 50.00	
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 43147	M 0 9	D 2 9	Y 1 0	Amount 75.00	
Full Name of Contributor Chris Falkenberg					Registration Number, if PAC		
Street Address 415 Sutterton Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 9	Y 1 0	Amount 100.00	

* 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)]