

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Terri Koozer						Registration Number, if PAC			
Street Address 1110 Lori Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State O H		Zip Code 43081		M 0 3	D 0 2	Y 1 0	Amount 100.00
Full Name of Contributor Sharon Foster						Registration Number, if PAC			
Street Address 6522 Mount Royal Ave			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 78.00
Full Name of Contributor Dawn Fickel						Registration Number, if PAC			
Street Address 2701 Northmont Drive			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 85.00
Full Name of Contributor Shane Sowers						Registration Number, if PAC			
Street Address 210 Merritt Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pataskala		State O H		Zip Code 43062		M 0 3	D 0 2	Y 1 0	Amount 45.00
Full Name of Contributor Julia Gricar						Registration Number, if PAC			
Street Address 314 Farm 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 70.00
Full Name of Contributor Cheryl Steger						Registration Number, if PAC			
Street Address 7034 Weurful Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Canal Winchester		State O H		Zip Code 43110		M 0 3	D 0 2	Y 1 0	Amount 55.00
Full Name of Contributor Mary Leopold						Registration Number, if PAC			
Street Address 504 Whitley Dr			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 300.00
Full Name of Contributor Lauren Gregory						Registration Number, if PAC			
Street Address 464 Vista Dr			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 45.00

* 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 \$ 778.00