

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Margeret Leppert						Registration Number, if PAC			
Street Address 829 Venetian Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 2	Y 2	Y 1	Amount 50.00
Full Name of Contributor Aimee Amer						Registration Number, if PAC			
Street Address 1302 Totten Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City New Albany	State O	H H	Zip Code 43054	M 0	D 3	Y 2	Y 2	Y 1	Amount 40.00
Full Name of Contributor Wendy Slates						Registration Number, if PAC			
Street Address 850 Riva Ridge Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 2	Y 2	Y 1	Amount 5.00
Full Name of Contributor Jeanne Weinland						Registration Number, if PAC			
Street Address 1305 Bingham Mills Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany	State O	H H	Zip Code 43054	M 0	D 3	Y 2	Y 2	Y 1	Amount 5.00
Full Name of Contributor Gary Lewis						Registration Number, if PAC			
Street Address 328 Rocky Springs Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 3	Y 2	Y 2	Y 1	Amount 50.00
Full Name of Contributor Jody Cox						Registration Number, if PAC			
Street Address 955 Avir Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 2	Y 2	Y 1	Amount 5.00
Full Name of Contributor Kristen Shovlin						Registration Number, if PAC			
Street Address 528 Beaverbrook Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 2	Y 2	Y 1	Amount 5.00
Full Name of Contributor Ashley Taylor						Registration Number, if PAC			
Street Address 412 Olympia Fields Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 2	Y 0	Y 1	Amount 10.00

* 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 \$ 170.00