

FILED

10 JUN 10 AM 9:07

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Citizens for Quality Schools</b>							Registration Number, if PAC				
Full Name of Candidate											
Street Address <b>871 Poppy Hills Dr</b>					Office Sought			District			
City <b>Blacklick</b>					State <b>O H</b>		Zip Code <b>43004</b>				
Type of Report (place X to the left of report type)	Pre-Primary		<input checked="" type="checkbox"/>		Post-Primary		Pre-General		Post-General		Annual Year
	July				August		September				Semiannual
	Monthly				Monthly		Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M <b>0 5</b>	D <b>0 4</b>	Y <b>1 0</b>	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	23,287.22
2. Total monetary contributions (From Form No. 31-A)	\$	9,270.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	32,557.22
5. Total monetary expenditures (From Form No. 31-B)	\$	31,643.51
6. Balance on hand (line 4 minus line 5)	\$	913.71
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	850.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

W. Michael Fritz, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

6/10/10

Contribution pages 2

Expenditure pages 2

Other pages 14

Total pages 18

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Quality Schools</b>						
Full Name of Contributor <b>Sylcom Systems</b>				Registration Number, if PAC		
Street Address <b>4655 Pinegrove Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Youngstown</b>	State <b>O   H</b>	Zip Code <b>44515</b>	M <b>0   5</b>	D <b>1   2</b>	Y <b>1   0</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Patricia Twigg</b>				Registration Number, if PAC		
Street Address <b>832 Moon Glow Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   5</b>	D <b>1   8</b>	Y <b>1   0</b>	Amount <b>300.00</b>
Full Name of Contributor <b>RBC Capital Markets</b>				Registration Number, if PAC		
Street Address <b>60 South Sixth Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Minneapolis</b>	State <b>M   N</b>	Zip Code <b>55402</b>	M <b>0   5</b>	D <b>1   9</b>	Y <b>1   0</b>	Amount <b>400.00</b>
Full Name of Contributor <b>Raymond Horn</b>				Registration Number, if PAC		
Street Address <b>659 Caroway Blvd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CC</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   4</b>	D <b>1   9</b>	Y <b>1   0</b>	Amount <b>5.00</b>
Full Name of Contributor <b>Michelle Callahan</b>				Registration Number, if PAC		
Street Address <b>332 Rita Court</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CC</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   4</b>	D <b>2   0</b>	Y <b>1   0</b>	Amount <b>5.00</b>
Full Name of Contributor <b>Gary Kitsmiller</b>				Registration Number, if PAC		
Street Address <b>918 Old Pine Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CC</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   4</b>	D <b>2   3</b>	Y <b>1   0</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Diana Fowler</b>				Registration Number, if PAC		
Street Address <b>210 Creighton Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CC</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   4</b>	D <b>2   7</b>	Y <b>1   0</b>	Amount <b>10.00</b>
Full Name of Contributor <b>Julie Wurster</b>				Registration Number, if PAC		
Street Address <b>1299 Pond Hollow Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CC</b>	
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>	M <b>0   4</b>	D <b>2   7</b>	Y <b>1   0</b>	Amount <b>25.00</b>

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Quality Schools</b>						
Full Name of Contributor <b>MI Homes Service, LLC</b>				Registration Number, if PAC		
Street Address <b>3 Easton Oval, Suite 420</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>0   4</b>	D <b>1   6</b>	Y <b>1   0</b>	Amount <b>2,500.00</b>
Full Name of Contributor <b>Jefferson Elementary PTA</b>				Registration Number, if PAC		
Street Address <b>136 Carpenter Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   4</b>	D <b>1   9</b>	Y <b>1   0</b>	Amount <b>500.00</b>
Full Name of Contributor <b>HC Nutting</b>				Registration Number, if PAC		
Street Address <b>18001 W 106th Street, Suite 300</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Olathe</b>	State <b>K   S</b>	Zip Code <b>66061</b>	M <b>0   4</b>	D <b>2   0</b>	Y <b>1   0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Martin J Hughes</b>				Registration Number, if PAC		
Street Address <b>150 E Wilson Bridge Rd, Suite 300</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43085</b>	M <b>0   4</b>	D <b>2   2</b>	Y <b>1   0</b>	Amount <b>5,000.00</b>
Full Name of Contributor <b>Karen Dearbaugh</b>				Registration Number, if PAC		
Street Address <b>5148 Uppermount Row</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>	M <b>0   4</b>	D <b>2   6</b>	Y <b>1   0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Karen Ferngou</b>				Registration Number, if PAC		
Street Address <b>839 Moon Glow Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   4</b>	D <b>3   0</b>	Y <b>1   0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Edna Wright</b>				Registration Number, if PAC		
Street Address <b>976 Grandon Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   4</b>	D <b>3   0</b>	Y <b>1   0</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Deborah Carley</b>				Registration Number, if PAC		
Street Address <b>837 Nob Hill</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   0</b>	Amount <b>100.00</b>

\* 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)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Quality Schools</b>												
To Whom Paid <b>Burges and Burges</b>						M	D	Y	Amount			
						0	4	1	9	1	0	6,667.00
Address <b>26100 Lake Shore Blvd</b>				Purpose <b>Consulting</b>								
City <b>Cleveland</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44132</b>		Check Number <b>ACH</b>						
To Whom Paid <b>Patriot Signage</b>						M	D	Y	Amount			
						0	4	1	9	1	0	3,157.02
Address <b>1001 Second Avenue</b>				Purpose <b>Signage</b>								
City <b>Dayton</b>		State <b>K</b>   <b>Y</b>		Zip Code <b>41074</b>		Check Number <b>ACH</b>						
To Whom Paid <b>Burges and Burges</b>						M	D	Y	Amount			
						0	6	0	4	1	0	7,164.29
Address <b>26100 Lake Shore Blvd</b>				Purpose								
City <b>Cleveland</b>		State <b>O</b>   <b>H</b>		Zip Code <b>44132</b>		Check Number <b>ACH</b>						
To Whom Paid <b>Beth Cotner</b>						M	D	Y	Amount			
						0	5	1	1	1	0	5.00
Address <b>McDonalds, 2Easton Oval, Ste 200</b>				Purpose <b>refund from sign not received</b>								
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code <b>43219</b>		Check Number <b>ACH</b>						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Citizens for Quality Schools													
To Whom Paid						M	D	Y	Amount				
Executive Mailing Solutions						0	4	2	6	1	0	1,863.60	
Address				Purpose									
3099 E 14th Street				postage									
City		State		Zip Code		Check Number							
Columbus		OH		43219		ACH							
To Whom Paid						M	D	Y	Amount				
Melissa Kline						0	5	1	4	1	0	28.87	
Address				Purpose									
7942 Blackview Ct				food for volunteers									
City		State		Zip Code		Check Number							
Blacklick		OH		43004		ACH							
To Whom Paid						M	D	Y	Amount				
Brooke Menduni						0	4	2	7	1	0	10.75	
Address				Purpose									
2432 Merbrooke Dr				food for volunteers									
City		State		Zip Code		Check Number							
Columbus		OH		43220		ACH							
To Whom Paid						M	D	Y	Amount				
Cromwell & Co.						0	5	0	3	1	0	12,651.18	
Address				Purpose									
850 Eaglenest Ave				design, print, mailing									
City		State		Zip Code		Check Number							
Akron		OH		44303		ACH							
To Whom Paid						M	D	Y	Amount				
Rick Owens						0	5	0	3	1	0	38.05	
Address				Purpose									
399 Middleground Rd				Yard sign material									
City		State		Zip Code		Check Number							
Pataskala		OH		43062		ACH							
To Whom Paid						M	D	Y	Amount				
Heartland Bank						0	5	0	4	1	0	32.75	
Address				Purpose									
850 N Hamilton Rd				merchant fees									
City		State		Zip Code		Check Number							
Gahanna		OH		43230		ACH							
To Whom Paid						M	D	Y	Amount				
Heartland Bank						0	5	2	4	1	0	10.00	
Address				Purpose									
850 N Hamilton Rd				stop payment fee									
City		State		Zip Code		Check Number							
Gahanna		OH		43230		ACH							
To Whom Paid						M	D	Y	Amount				
Heartland Bank						0	6	0	2	1	0	15.00	
Address				Purpose									
850 N Hamilton Rd				merchant fees									
City		State		Zip Code		Check Number							
Gahanna		OH		43230		ACH							

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Quality Schools</b>			
Full Name of Contributor <b>Preferred Wireless</b>		Employer, Occupation, Labor Organization *	
Street Address <b>1290 US Highway 42N</b>		Description of Item or Service <b>phone service</b>	
City <b>Delaware</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
State <b>OH</b>		Zip Code <b>43015</b>	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		Received at Fundraising Event?	
State		Zip Code	

\* 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)]