

# 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					Registration Number, if PAC		
Ashley Winner							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3679 Preserve Crossing					cash		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O   H	43230	0   9	2   8	1   0	55.00	
Full Name of Contributor					Registration Number, if PAC		
Theresa Jones							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5425 N Meadows Blvd					cash		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O   H	43229	0   9	2   8	1   0	40.00	
Full Name of Contributor					Registration Number, if PAC		
various under \$25							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
					cash		
City	State	Zip Code	M	D	Y	Amount	
			0   9	2   8	1   0	25.00	
Full Name of Contributor					Registration Number, if PAC		
Gahanna Jefferson Education Association							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
160 S Hamilton Rd		labor organization			check		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	O   H	43230	0   9	2   8	1   0	10,000.00	
Full Name of Contributor					Registration Number, if PAC		
Heidi Jones Beck							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
457 Park Overlook Drive					check		
City	State	Zip Code	M	D	Y	Amount	
Worthington	O   H	43085	0   9	2   8	1   0	102.00	
Full Name of Contributor					Registration Number, if PAC		
Joshua Tolliver							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
837 Riva Ridge Blvd					check		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	O   H	43230	0   9	2   8	1   0	60.00	
Full Name of Contributor					Registration Number, if PAC		
Sandra Howard							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1067 Skinner Ave					check		
City	State	Zip Code	M	D	Y	Amount	
Gahanna	O   H	43230	0   9	2   8	1   0	50.00	
Full Name of Contributor					Registration Number, if PAC		
Heather Bailey-Lewis							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2886 Cordella St					check		
City	State	Zip Code	M	D	Y	Amount	
Blacklick	O   H	43004	0   9	2   8	1   0	25.00	

\* 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)]