

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Citizens for Quality Schools					
Full Name of Contributor			Registration Number, if PAC		
Yard Sign Donations					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
				cash	
City	State	Zip Code	M	D	Y
			1	1	0
			3	1	4
			Amount		20.00
Full Name of Contributor			Registration Number, if PAC		
Jessica Cisler					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
4277 Camden Passage Dr				check	
City	State	Zip Code	M	D	Y
Columbus	o	h 43230	1	1	0
			3	1	4
			Amount		20.00
Full Name of Contributor			Registration Number, if PAC		
Wendy Gruenbaum					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
54 Highmeadow Dr				check	
City	State	Zip Code	M	D	Y
Gahanna	o	h 43230	1	1	0
			3	1	4
			Amount		30.00
Full Name of Contributor			Registration Number, if PAC		
Patricia English					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
1771 Royal Oak dr				check	
City	State	Zip Code	M	D	Y
Lewis Center	o	h 43035	1	1	0
			3	1	4
			Amount		30.00
Full Name of Contributor			Registration Number, if PAC		
Deron Green					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
9103 Palomino Dr				check	
City	State	Zip Code	M	D	Y
Pickerington	o	h 43147	1	1	0
			3	1	4
			Amount		20.00
Full Name of Contributor			Registration Number, if PAC		
Yard Sign Donations					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
				cash	
City	State	Zip Code	M	D	Y
			1	1	0
			3	1	4
			Amount		125.00
Full Name of Contributor			Registration Number, if PAC		
Margaret Wright					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
6965 Tanya Ter. Dr				check	
City	State	Zip Code	M	D	Y
Revnoldsburg	o	h 43068	1	1	0
			3	1	4
			Amount		10.00
Full Name of Contributor			Registration Number, if PAC		
Staci Collier					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
76 N Roosevelt Ave				check	
City	State	Zip Code	M	D	Y
Columbus	o	h 43209	1	1	0
			3	1	4
			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)]