

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Brittany Kimbleton				Registration Number, if PAC			
Street Address 7948 Blacklick View Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Blacklick	State OH	Zip Code 43004		M 1	D 0	Y 2 2 1 4	8.00
Full Name of Contributor Corie Frasson				Registration Number, if PAC			
Street Address 540 Waterbury Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Gahanna	State OH	Zip Code 43230		M 1	D 0	Y 2 2 1 4	16.00
Full Name of Contributor Rachael Dieriger				Registration Number, if PAC			
Street Address 32631 Admirals Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Avon Lake	State OH	Zip Code 44012		M 1	D 0	Y 2 2 1 4	10.00
Full Name of Contributor Molly Weisel				Registration Number, if PAC			
Street Address 591 Montmorency Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Pickerington	State OH	Zip Code 43147		M 1	D 0	Y 2 2 1 4	28.00
Full Name of Contributor Alyssa Russell				Registration Number, if PAC			
Street Address 1119 Black Gold Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Gahanna	State OH	Zip Code 43230		M 1	D 0	Y 2 0 1 4	25.00
Full Name of Contributor Alice Bailey				Registration Number, if PAC			
Street Address 825 Pimlico Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Gahanna	State OH	Zip Code 43230		M 1	D 0	Y 1 7 1 4	17.00
Full Name of Contributor Matt Leppert				Registration Number, if PAC			
Street Address 829 Venetian Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Gahanna	State OH	Zip Code 43230		M 1	D 0	Y 2 0 1 4	50.00
Full Name of Contributor Monica Baker				Registration Number, if PAC			
Street Address 2925 Cordella St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		Amount	
City Blacklick	State OH	Zip Code 43004		M 1	D 0	Y 2 1 1 4	12.00

* 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)]