

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|                                                                  |                    |                                         |               |                             |                                   |                          |
|------------------------------------------------------------------|--------------------|-----------------------------------------|---------------|-----------------------------|-----------------------------------|--------------------------|
| Name of Committee in Full<br><b>Citizens for Quality Schools</b> |                    |                                         |               |                             |                                   |                          |
| Full Name of Contributor<br><b>Doug Palmer</b>                   |                    |                                         |               | Registration Number, if PAC |                                   |                          |
| Street Address<br><b>629 Sycamore Pl.</b>                        |                    | Employer/Occupation/Labor Organization* |               |                             | Form (Cash, Check, etc.)<br>check |                          |
| City<br><b>Gahanna</b>                                           | State<br><b>OH</b> | Zip Code<br><b>43230</b>                | M<br><b>1</b> | D<br><b>0</b>               | Y<br><b>9</b>                     | Amount<br><b>\$10.00</b> |
| Full Name of Contributor<br><b>Jodi Lemaster</b>                 |                    |                                         |               | Registration Number, if PAC |                                   |                          |
| Street Address<br><b>513 Clotts Rd.</b>                          |                    | Employer/Occupation/Labor Organization* |               |                             | Form (Cash, Check, etc.)<br>check |                          |
| City<br><b>Gahanna</b>                                           | State<br><b>OH</b> | Zip Code<br><b>43230</b>                | M<br><b>1</b> | D<br><b>0</b>               | Y<br><b>8</b>                     | Amount<br><b>\$12.00</b> |
| Full Name of Contributor<br><b>Heather Ray</b>                   |                    |                                         |               | Registration Number, if PAC |                                   |                          |
| Street Address<br><b>464 Dovewood Dr.</b>                        |                    | Employer/Occupation/Labor Organization* |               |                             | Form (Cash, Check, etc.)<br>check |                          |
| City<br><b>Gahanna</b>                                           | State<br><b>OH</b> | Zip Code<br><b>43230</b>                | M<br><b>1</b> | D<br><b>0</b>               | Y<br><b>9</b>                     | Amount<br><b>\$12.00</b> |
| Full Name of Contributor<br><b>Audrey Merz</b>                   |                    |                                         |               | Registration Number, if PAC |                                   |                          |
| Street Address<br><b>4120 Blendon Way Dr.</b>                    |                    | Employer/Occupation/Labor Organization* |               |                             | Form (Cash, Check, etc.)<br>check |                          |
| City<br><b>Gahanna</b>                                           | State<br><b>OH</b> | Zip Code<br><b>43230</b>                | M<br><b>1</b> | D<br><b>0</b>               | Y<br><b>8</b>                     | Amount<br><b>\$12.00</b> |
| Full Name of Contributor<br><b>Danielle Weatherholtz</b>         |                    |                                         |               | Registration Number, if PAC |                                   |                          |
| Street Address<br><b>1720 King Ave. Apt. A</b>                   |                    | Employer/Occupation/Labor Organization* |               |                             | Form (Cash, Check, etc.)<br>check |                          |
| City<br><b>Columbus</b>                                          | State<br><b>OH</b> | Zip Code<br><b>43212</b>                | M<br><b>1</b> | D<br><b>0</b>               | Y<br><b>8</b>                     | Amount<br><b>\$12.00</b> |
| Full Name of Contributor<br><b>Lisa Hebert</b>                   |                    |                                         |               | Registration Number, if PAC |                                   |                          |
| Street Address<br><b>51 Walcreek Dr. W</b>                       |                    | Employer/Occupation/Labor Organization* |               |                             | Form (Cash, Check, etc.)<br>check |                          |
| City<br><b>Gahanna</b>                                           | State<br><b>OH</b> | Zip Code<br><b>43230</b>                | M<br><b>1</b> | D<br><b>0</b>               | Y<br><b>8</b>                     | Amount<br><b>\$12.00</b> |
| Full Name of Contributor<br><b>Stephanie Collins</b>             |                    |                                         |               | Registration Number, if PAC |                                   |                          |
| Street Address<br><b>1128 Lenore Ave.</b>                        |                    | Employer/Occupation/Labor Organization* |               |                             | Form (Cash, Check, etc.)<br>check |                          |
| City<br><b>Columbus</b>                                          | State<br><b>OH</b> | Zip Code<br><b>43224</b>                | M<br><b>1</b> | D<br><b>0</b>               | Y<br><b>1</b>                     | Amount<br><b>\$12.00</b> |
| Full Name of Contributor<br><b>Sherri Zynda</b>                  |                    |                                         |               | Registration Number, if PAC |                                   |                          |
| Street Address<br><b>8011 Bellow Park Dr.</b>                    |                    | Employer/Occupation/Labor Organization* |               |                             | Form (Cash, Check, etc.)<br>check |                          |
| City<br><b>Reynoldsburg</b>                                      | State<br><b>OH</b> | Zip Code<br><b>43068</b>                | M<br><b>1</b> | D<br><b>0</b>               | Y<br><b>1</b>                     | Amount<br><b>\$10.00</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 also appear. [R.C. 3517.10(B)(4)]