Page

Statement of Contributions Received

Prescribed by Secretary of State 3/05

	•	•					
Name of Committee in Full							
Citizens for Quality Schools							
ull Name of Contributor Registration Number, if					PAC		
Michael Russell							
Street Address	Employer/Oc	cupation/Labor Organization*	*		Form (Cash, C	heck etc.)	
14788 George Ice Rd					check		
City	State	Zip Code	M D	ΙΥ	Amount		
Glenford	101	43739	0 3 0		1	60.00	
Full Name of Contributor		1 10/07	Registration N			60.00	
Kay Melaragno			Kogisti ation i	vamoer, ir r	AC		
Street Address	Employer/Oc	cupation/Labor Organization*			Form (Cash, C		
3098 Mann Rd	1 1				8	neck, etc.)	
City	State	Zip Code	M D	ΙΥ	check		
Blacklick	1 0	. 1 1			Amount	F0.00	
Full Name of Contributor		- 43004	0 3 0 Registration N	2 1 0	-l	50.00	
Mary Otting			Registration N	umoer, ii P	AC		
Street Address	Employer/Oc	cupation/Labor Organization*					
849 Hensel Woods Ct	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	1115		check		
Gahanna	O	. '	M D	Y	Amount		
Full Name of Contributor	1011	1 43230	0 3 0		The same of the sa	70.00	
Justin Sanford			Registration N	lumber, if P	AC		
Street Address	Ir1 (O				4		
1748 Harrison Pond Rd	Employer/Oct	cupation/Labor Organization*			Form (Cash, Cl	heck, etc.)	
City		[a: a		······································	check		
•	State	Zip Code	M D	Y	Amount		
New Albany Full Name of Contributor	$O \mid F$	l 43054	0 3 0			200.00	
Mark Kinser			Registration N	umber, if P.	AC		
Street Address	IF 1 10					SERVICE SERVIC	
	Employer/Occ	cupation/Labor Organization*			Form (Cash, Cl	neck, etc.)	
5029 Sugar Plum St					check		
Gahanna	State	Zip Code	MD	Y	Amount		
Full Name of Contributor		43230	0 3 0 :	2 1 0		45.00	
			Registration N	umber, if P	4C		
Ginamarie Pagani Street Address	<u> </u>						
	Employer/Occ	upation/Labor Organization*			Form (Cash, Ch	eck, etc.)	
7634 Schneider Way					check		
•	State	Zip Code	M D	Y	Amount		
Blacklick Full Name of Contributor	O H	43004	0 3 0 2	2 1 0		10.00	
			Registration Nu	umber, if PA	AC		
Kathleen Cataldi Street Address							
	Employer/Occ	upation/Labor Organization*			Form (Cash, Ch	eck, etc.)	
343 Vista Dr					check		
-	State	Zip Code	M D	Y	Amount		
Gahanna	O H	43230	0 3 0 2	2 1 0		20.00	
ull Name of Contributor			Registration Nu	ımber, if PA	C		
Virginia Daugherty							
treet Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			eck, etc.)			
1221 Wedgefield Ln					check		
City	State	Zip Code	M D	Y	Amount		
New Albany	0 H	43054	0 3 0 2	2 1 0		50.00	
uired for contributions from individuals over \$100 to statewide and			The second secon	and the second			

* 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)]

Page Total S	505.00