

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Catherine Morrisson						Registration Number, if PAC			
Street Address 1150 Riva Ridge Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0	D 3	Y 0	Amount 50.00
Full Name of Contributor Gary Ingo						Registration Number, if PAC			
Street Address 1990 Araphaho Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Circleville		State O H		Zip Code 43113		M 0	D 3	Y 0	Amount 70.00
Full Name of Contributor Lillian Acker						Registration Number, if PAC			
Street Address 1081 Arcaro			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0	D 3	Y 0	Amount 82.00
Full Name of Contributor Linda Shannon						Registration Number, if PAC			
Street Address 6505 Meadowbrook Cir			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Worthington		State O H		Zip Code 43085		M 0	D 3	Y 0	Amount 100.00
Full Name of Contributor David Purdy						Registration Number, if PAC			
Street Address 7808 Industrial Parkway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Plain City		State O H		Zip Code 43064		M 0	D 3	Y 0	Amount 50.00
Full Name of Contributor Johnel Gore						Registration Number, if PAC			
Street Address 6314 Downwing Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State O H		Zip Code 43230		M 0	D 3	Y 0	Amount 69.00
Full Name of Contributor Charles Banks						Registration Number, if PAC			
Street Address 7988 Champaign Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick		State O H		Zip Code 43004		M 0	D 3	Y 0	Amount 57.00
Full Name of Contributor Dana Johnson						Registration Number, if PAC			
Street Address 1039 Reece Ridge Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M 0	D 3	Y 0	Amount 90.00

* 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)]

Page Total \$ 568.00