

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Mindy Wise					Registration Number, if PAC		
Street Address 7921 Blacklick View Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State O H	Zip Code 43004	M 0 4	D 2 1	Y 1 1	Amount 100.00	
Full Name of Contributor Kristin Bowes-Strawser					Registration Number, if PAC		
Street Address 2688 Stemen Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Baltimore	State O H	Zip Code 43105	M 0 4	D 2 1	Y 1 1	Amount 20.00	
Full Name of Contributor Thomas Miles					Registration Number, if PAC		
Street Address 7128 Diley Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Canal Winchester	State O H	Zip Code 43110	M 0 4	D 2 1	Y 1 1	Amount 30.00	
Full Name of Contributor Megan Peter					Registration Number, if PAC		
Street Address 3770 Hillbrook Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Stow	State O H	Zip Code 44224	M 0 4	D 2 1	Y 1 1	Amount 25.00	
Full Name of Contributor Pamela Ripple					Registration Number, if PAC		
Street Address 110 Jonsol Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 2 1	Y 1 1	Amount 50.00	
Full Name of Contributor Wesbanco Bank					Registration Number, if PAC		
Street Address 116 S Stygler Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 2 1	Y 1 1	Amount 100.00	
Full Name of Contributor Karen Brown					Registration Number, if PAC		
Street Address 858 Cassingham Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 4	D 2 1	Y 1 1	Amount 25.00	
Full Name of Contributor Linda Jenks					Registration Number, if PAC		
Street Address 2816 Bentworth Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 4	D 2 1	Y 1 1	Amount 20.00	

* 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)]