

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Mary Anderson						Registration Number, if PAC							
Street Address 8607 Clover Glade Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Lewis Center		State O H		Zip Code 43035		M 0 3		D 1 5		Y 1 0		Amount 60.00	
Full Name of Contributor Joseph Divida						Registration Number, if PAC							
Street Address 1364 Winesep Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43204		M 0 3		D 1 5		Y 1 0		Amount 30.00	
Full Name of Contributor Benchmark Bank						Registration Number, if PAC							
Street Address 461 Beecher Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 1 5		Y 1 0		Amount 750.00	
Full Name of Contributor OAPSE AFSCME Turnaround Ohio Pac						Registration Number, if PAC LA 1269							
Street Address 6805 Oak Creek Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43229		M 0 3		D 1 6		Y 1 0		Amount 500.00	
Full Name of Contributor Janet Mastenbrook						Registration Number, if PAC							
Street Address 400 Amesbury Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 1 6		Y 1 0		Amount 25.00	
Full Name of Contributor Patricia Smith						Registration Number, if PAC							
Street Address 813 Riva Ridge Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 1 6		Y 1 0		Amount 50.00	
Full Name of Contributor Allan Covert						Registration Number, if PAC							
Street Address 1750 Harrison Pond			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City New Albany		State O H		Zip Code 43054		M 0 3		D 1 6		Y 1 0		Amount 50.00	
Full Name of Contributor Ohio Heating & Refrigeration						Registration Number, if PAC							
Street Address PO Box 91203			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43209		M 0 3		D 1 6		Y 1 0		Amount 1,000.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, 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 \$ 2,465.00