

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools												
Full Name of Contributor Besy Coccia						Registration Number, if PAC						
Street Address 822 DeerRun			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 52.00
Full Name of Contributor Ryan Beck						Registration Number, if PAC						
Street Address 6695 Hayhurst St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Worthington		State O H		Zip Code 43085		M 0 3		D 0 2		Y 1 0		Amount 48.00
Full Name of Contributor Tracy Dyckman						Registration Number, if PAC						
Street Address 5188 Dry Creek			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Dublin		State O H		Zip Code 43016		M 0 3		D 0 2		Y 1 0		Amount 45.00
Full Name of Contributor Jennifer Candor						Registration Number, if PAC						
Street Address 80 Southwind Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 54.00
Full Name of Contributor Philip Peters						Registration Number, if PAC						
Street Address 5273 Mason Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Canal Winchester		State O H		Zip Code 43110		M 0 3		D 0 2		Y 1 0		Amount 75.00
Full Name of Contributor Karen Winkle						Registration Number, if PAC						
Street Address 201 Farm Creek Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 60.00
Full Name of Contributor Chris Schwinnen						Registration Number, if PAC						
Street Address 2458 Charles Mill Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Hilliard		State O H		Zip Code 43026		M 0 3		D 0 2		Y 1 0		Amount 54.00
Full Name of Contributor Margaret Scott						Registration Number, if PAC						
Street Address 195 Rivers Edge Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 0 2		Y 1 0		Amount 60.00

* 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 \$ 448.00