

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Buckeye Power Sales Co. Inc.				Registration Number, if PAC			
Street Address PO Box 489		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check			
City Blacklick	State OH	Zip Code 43004		M 0	D 9	Y 1	Amount 100.00
Full Name of Contributor Jennifer L. Eckert				Registration Number, if PAC			
Street Address 1122 Gwyndale Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check			
City New Albany	State OH	Zip Code 43054		M 0	D 9	Y 2	Amount 25.00
Full Name of Contributor Gahanna Jefferson Education Association				Registration Number, if PAC			
Street Address 160 S. Hamilton Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check			
City Gahanna	State OH	Zip Code 43230		M 0	D 9	Y 2	Amount 5,000.00
Full Name of Contributor Ben Babcanec				Registration Number, if PAC			
Street Address 851 Moon Glow Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check			
City Gahanna	State OH	Zip Code 43230		M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Susan Mattingly				Registration Number, if PAC			
Street Address 6873 Addenbrook Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check			
City New Albany	State OH	Zip Code 43054		M 0	D 9	Y 2	Amount 20.00
Full Name of Contributor Tiffany Margolis				Registration Number, if PAC			
Street Address 1047 Grandon Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check			
City Bexley	State OH	Zip Code 43209		M 0	D 9	Y 2	Amount 20.00
Full Name of Contributor Paige Harding				Registration Number, if PAC			
Street Address 741 McDonnell Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check			
City Gahanna	State OH	Zip Code 43230		M 0	D 9	Y 2	Amount 25.00
Full Name of Contributor Joan Miller				Registration Number, if PAC			
Street Address 8019 Bowfin Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check			
City Blacklick	State OH	Zip Code 43004		M 0	D 9	Y 2	Amount 25.00

* 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))