| Page 30 |
|---------|
|---------|

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |   |   |   | ***************************************   | and the first factor of the same for the |                                 |   | Pincipus Commission                   |
|--|---|---|---|---|--|---------------------------------|---|---------------------------------------|
| Name of Committee in Full  |   |   |   |   |  |                                 |   |                                       |
| Citizens for Quality Schools   |   |   |   | a grantina participata  | waterstep of the second                  | - Alexandra Alexandra Alexandra |   | · · · · · · · · · · · · · · · · · · · |
| Full Name of Contributor   |   |   |   |   | Registration Number, if PAC              |                                 |   |                                       |
| Katie Brown  |   |   |   |   |  |                                 | *************************************** |                                       |
| Street Address   | Employe                                 | r/Occup                                 | ation/Labor Organization*   |   |  |                                 | Form (Cash, Chec                        | ck, etc.)                             |
| 541 Antler Ct  |   |   |   |   | check                                    |                                 |   |                                       |
| City   | St                                      | ate                                     | Zip Code  | М   | D  | Y                               | Amount                                  |                                       |
| Gahanna  | 0                                       | Н                                       | 43230   | 0 3   | 0 2                                      | 1 0                             |   | 70.00                                 |
| Full Name of Contributor   |   |   |   | CONTRACTOR OF THE PARTY OF THE | and the second second second second      | nber, if P                      | AC.                                     |                                       |
| Cindy Harris   |   |   |   | 100   |  |                                 |   |                                       |
| Street Address   | Employe                                 | 600000000000000000000000000000000000000 | ***************************************   |   | Form (Cash, Chec                         | ck, etc.)                       |   |                                       |
| 4366 Colby Ave   | 1                                       | 1                                       |   |   |  |                                 | check                                   |                                       |
| City   | St                                      | ate                                     | Zip Code  | М   | D  | Y                               | Amount                                  |                                       |
| Columbus   | 0                                       | Н                                       | 43227   | 0 3   | 0 2                                      | 1 0                             |   | 25.00                                 |
| Full Name of Contributor   |   | iamore examina                          | en bestammen men sammen over stemmen over stemmen over stemmen stemmen over stemmen over stemmen over stemmen o |   |  | nber, if P                      | AC                                      |                                       |
| Ashley Winner  |   |   |   |   |  |                                 |   |                                       |
| Street Address   | Employer/Occupation/Labor Organization* |   |   |   | Form (Cash, Check, etc.)                 |                                 |   |                                       |
| 3679 Preserve Crossing Blvd  |   |   |   |   |  |                                 | check                                   |                                       |
| City   | St                                      | ate                                     | Zip Code  | M   | D  | Y                               | Amount                                  |                                       |
| Gahanna  | 0                                       | Н                                       | 4230  | 0 3   | 0 2                                      | 1 0                             |   | 50.00                                 |
| Full Name of Contributor   |   | <u> </u>                                | 1   |   |  | nber, if P                      | Contractive statement of the second     |                                       |
| Brian Behary   |   |   |   |   |  |                                 |   |                                       |
| Street Address   | Employer/Occupation/Labor Organization* |   |   |   |  |                                 | Form (Cash, Che                         | ck, etc.)                             |
| 4795 Westerville Run Rd  | ,,                                      |   |   |   | check                                    |                                 |   | •                                     |
| City   | St                                      | ate                                     | Zip Code  | M   | D  | Y                               | Amount                                  |                                       |
| Gahanna  | 0                                       | Н                                       | 43230   | 0 3   |  | 1                               |   | 50.00                                 |
| Full Name of Contributor   |   | Longitude                               |   | and the second second   | فيسرين فيسيس والمراجب                    | nber, if P                      | AC                                      |                                       |
| Kelly Donaldson  |   |   |   | 1   |  | ,                               |   |                                       |
| Street Address   | Employer/Occupation/Labor Organization* |   |   |   |  |                                 | Form (Cash, Che                         | ck, etc.)                             |
| 320 Walook Court   | 1                                       |   |   |   |  |                                 | check                                   |                                       |
| City   | St                                      | ate                                     | Zip Code  | М   | D  | ΙΥ                              | Amount                                  |                                       |
| Gahanna  | 0                                       | Н                                       | 43230   | 0 3   |  | 1                               | 1                                       | 80.00                                 |
| Full Name of Contributor   |   | <u> </u>                                |   |   |  | nber, if P.                     |   | 20.00                                 |
| Jennifer Wilson  |   |   |   |   |  |                                 |   |                                       |
| Street Address   | Employe                                 | er/Occur                                | pation/Labor Organization*  | _L  |  |                                 | Form (Cash, Che                         | ck, etc.)                             |
| 879 S Roosevelt Rd   |   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |   |  | check                           |   |                                       |
| City   | St                                      | ate                                     | Zip Code  | M   | D  | Y                               | Amount                                  |                                       |
| Bexley   |   | H                                       | 43209   | 0 3   | 1  | 1                               | 1                                       | 50.00                                 |
| Full Name of Contributor   |   | -                                       | 1 10207   | WALL STREET   |  | nber, if P.                     |   | 00.00                                 |
| Colleen Alexander  |   |   |   |   |  | ,                               |   |                                       |
| Street Address   | Employ                                  | er/Occur                                | pation/Labor Organization*  |   |  |                                 | Form (Cash, Che                         | ck, etc.)                             |
| 8386 Yuma Dr   |   |   |   |   | check                                    | /                               |   |                                       |
| City   | Si                                      | ate                                     | Zip Code  | M   | D  | Y                               | Amount                                  |                                       |
| Powell   | 0                                       | Н                                       | 43085   | 0 3   |  | 1 .                             |   | 90.00                                 |
| Full Name of Contributor   |   |   | I IOOO  |   |  | mber, if P                      | AC                                      | 70.00                                 |
| Karen Robison  |   |   |   | 5.51  |  | ,                               |   |                                       |
| Street Address   | Employer/Occupation/Labor Organization* |   |   |   |  | togumeen makamaka mara          | Form (Cash, Che                         | ck. etc.)                             |
| 573 Elm Ct   |   |   |   |   |  |                                 | check                                   | , ••••.)                              |
| City   | 91                                      | State Zip Code                          |   |   | D  | ΤΥ                              | Amount                                  |                                       |
| Westerville  | O                                       | H                                       | 43082   | $\begin{vmatrix} M \\ 0 \end{vmatrix} 3$  | 1 .                                      | 1                               | Į.                                      | 90.00                                 |
| equired for contributions from individuals over \$100 to statewide and | Contract Military                       |   |   | CONTRACTOR OF THE OWNER.  |  | nation an                       | d the name of the                       | 70,00                                 |

Page Total \$ 505.00

<sup>\*</sup> 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)]