

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Ohio Insurance Advisors						Registration Number, if PAC			
Street Address PO Box 307479			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43230	M 0	D 4	Y 1	Amount 250.00		
Full Name of Contributor Karen Zimmerman						Registration Number, if PAC			
Street Address 7735 Clear Creek Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 4	Y 1	Amount 5.00		
Full Name of Contributor Steven Miller						Registration Number, if PAC			
Street Address 6444 Darling Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 4	Y 1	Amount 100.00		
Full Name of Contributor Craig Mokma						Registration Number, if PAC			
Street Address 276 Redmond Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 25.00		
Full Name of Contributor Veronica Redmond						Registration Number, if PAC			
Street Address 3150 Grey Fox Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 5.00		
Full Name of Contributor Jan Ross						Registration Number, if PAC			
Street Address 1282 Bayboro Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City New Albany	State O	H H	Zip Code 43054	M 0	D 4	Y 0	Amount 5.00		
Full Name of Contributor Edward Segelkin						Registration Number, if PAC			
Street Address 1188 Summer Hill Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 10.00		
Full Name of Contributor Cynthia Ryan						Registration Number, if PAC			
Street Address 2663 Northmont Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 4	Y 0	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)]

Page Total \$ 425.00