

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Dawn Jenkins						Registration Number, if PAC			
Street Address 7301 Crossett Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Canal Winchester		State O H		Zip Code 43110		M D Y 0 4 0 5 1 0		Amount 25.00	
Full Name of Contributor Gahanna Community Improvement Corp						Registration Number, if PAC			
Street Address 200 South Hamilton Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State O H		Zip Code 43230		M D Y 0 4 0 5 1 0		Amount 1,500.00	
Full Name of Contributor TriStar Transportation						Registration Number, if PAC			
Street Address PO Box 186			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Worthington		State O H		Zip Code 43085		M D Y 0 4 0 8 1 0		Amount 300.00	
Full Name of Contributor Tom Halliday						Registration Number, if PAC			
Street Address 1186 Fouts Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany		State O H		Zip Code 43054		M D Y 0 4 0 8 1 0		Amount 100.00	
Full Name of Contributor Bob Keiden						Registration Number, if PAC			
Street Address 1423 Windrush Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Blacklick		State O H		Zip Code 43004		M D Y 0 4 0 8 1 0		Amount 280.00	
Full Name of Contributor Karen Bokor						Registration Number, if PAC			
Street Address 8258 Kesegs Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Blacklick		State O H		Zip Code 43004		M D Y 0 4 0 8 1 0		Amount 100.00	
Full Name of Contributor Justin Sanford						Registration Number, if PAC			
Street Address 1748 Harrison Pond			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City New Albany		State O H		Zip Code 43054		M D Y 0 4 0 8 1 0		Amount 100.00	
Full Name of Contributor Gary Batke						Registration Number, if PAC			
Street Address 885 Cordero Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CC		
City Columbus		State O H		Zip Code 43230		M D Y 0 4 0 8 1 0		Amount 100.00	

* 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 \$ 2,505.00