

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools													
Full Name of Contributor Multimedia Inphonetworks Inc						Registration Number, if PAC							
Street Address 4755 Shire Ridge Road West			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Hilliard		State O H		Zip Code 43026		M 0 3		D 1 6		Y 1 0		Amount 250.00	
Full Name of Contributor Jason Johnson						Registration Number, if PAC							
Street Address 683 Jonsol Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 1 7		Y 1 0		Amount 140.00	
Full Name of Contributor Kathie Kisor						Registration Number, if PAC							
Street Address 853 Founders Ridge			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State 0 H		Zip Code 43230		M 0 3		D 1 7		Y 1 0		Amount 50.00	
Full Name of Contributor Alayne Quick						Registration Number, if PAC							
Street Address 799 Tricolor Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Reynoldsburg		State O H		Zip Code 43068		M 0 3		D 1 7		Y 1 0		Amount 45.00	
Full Name of Contributor Arthur Prince						Registration Number, if PAC							
Street Address 886 Prince William Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Westerville		State O H		Zip Code 43081		M 0 3		D 1 7		Y 1 0		Amount 105.00	
Full Name of Contributor Field of Dreams						Registration Number, if PAC							
Street Address 1416 Reynoldsburg New Albany Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Blacklick		State O H		Zip Code 43004		M 0 3		D 1 7		Y 1 0		Amount 1,000.00	
Full Name of Contributor Huntington Bank						Registration Number, if PAC							
Street Address 41 S High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43215		M 0 3		D 2 3		Y 1 0		Amount 1,000.00	
Full Name of Contributor Roberta Ward						Registration Number, if PAC							
Street Address 140 Walcreek Dr W			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Gahanna		State O H		Zip Code 43230		M 0 3		D 2 3		Y 1 0		Amount 45.00	

* 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 \$ 2,635.00