Page 4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools Full Name of Contributor Penelope Ellsworth Street Address Employer/Occupation/Labor Organization* Form (Cash, Check	eck, etc.)	
Full Name of Contributor Penelope Ellsworth Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Form (Cash, Che	eck, etc.)	
Penelope Ellsworth Street Address Employer/Occupation/Labor Organization* Form (Cash, Che	eck, etc.)	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Che	eck, etc.)	
	sck, etc.)	
I 5188 LOCUST POST Lane I Check		
City State Zip Code M D Y Amount C H 43230 0 3 0 2 1 0	86.00	
Full Name of Contributor Registration Number, if PAC		
Beth Pardi		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Che	Form (Cash, Check, etc.)	
5576 Boulder Crest St check		
City State Zip Code M D Y Amount		
Columbus $ O H 43230 0 3 0 2 1 0 $	100.00	
Full Name of Contributor Registration Number, if PAC		
Linda Courias		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Che	eck, etc.)	
287 Ainsworth Ave check		
City State Zip Code M D Y Amount		
Gahanna 0 H 43230 0 3 0 2 1 0	60.00	
Full Name of Contributor Registration Number, if PAC		
Andrew Bradley		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Che	eck, etc.)	
543 Tall Oaks Dr check		
City State Zip Code M D Y Amount		
Gahanna O H 43230 0 3 0 2 1 0	50.00	
Full Name of Contributor Registration Number, if PAC		
Dana Eidens		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Ch	eck, etc.)	
9160 Sportsman Club Rd cash		
City State Zip Code M D Y Amount		
Johnstown O H 43031 0 3 0 2 1 0	50.00	
Full Name of Contributor Registration Number, if PAC		
Becky Leffler		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Che	eck, etc.)	
9857 Parkmoor Dr cash		
City State Zip Code M D Y Amount		
Westerville O H 43082 0 3 0 2 1 0	46.00	
Full Name of Contributor Registration Number, if PAC		
Brenda Nelson		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Ch	eck, etc.)	
1503 Little Ave cash		
City State Zip Code M D Y Amount		
Columbus O H 43223 0 3 0 2 1 0	60.00	
Full Name of Contributor Registration Number, if PAC		
Jimmy Norris		
	Form (Cash, Check, etc.)	
1011 Bucknell Road cash		
City State Zip Code M D Y Amount		
Whitehall O H 43213 0 3 0 2 1 0	25.00	

Page Total \$ 477.00

^{*} 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)]