

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Amy Scott						Registration Number, if PAC			
Street Address 9745 Jug Street NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pataskala	State O	H H	Zip Code 43062	M 0	D 3	Y 2	Amount 85.00		
Full Name of Contributor Chandra Van De Water						Registration Number, if PAC			
Street Address 6800 Raybear Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Canal Winchester	State O	H H	Zip Code 43110	M 0	D 4	Y 0	Amount 20.00		
Full Name of Contributor Bradley Payne LLC						Registration Number, if PAC			
Street Address 171 Montclair Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Circleville	State 0	H H	Zip Code 43113	M 0	D 4	Y 0	Amount 200.00		
Full Name of Contributor School Insurance Consultants						Registration Number, if PAC			
Street Address 2671 Shawan Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Lebanon	State O	H H	Zip Code 45036	M 0	D 4	Y 0	Amount 100.00		
Full Name of Contributor Bricker & Eckler LLP State Politial Action Committee						Registration Number, if PAC OH821			
Street Address 100 S Third St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 4	Y 0	Amount 1,000.00		
Full Name of Contributor Rochelle Dunn						Registration Number, if PAC			
Street Address 227 Trail East			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pataskala	State O	H H	Zip Code 43062	M 0	D 4	Y 0	Amount 50.00		
Full Name of Contributor Arlene Funari						Registration Number, if PAC			
Street Address 285 Regents Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 4	Y 0	Amount 15.00		
Full Name of Contributor George Moore						Registration Number, if PAC			
Street Address 76 Railroad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pataskala	State O	H H	Zip Code 43062	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 \$ 1,495.00