

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |  |                       |   |  |                   |                             |  |                        |  |
|--|--|-----------------------|---|--|-------------------|-----------------------------|--|------------------------|--|
| Name of Committee in Full<br><b>Citizens for Quality Schools</b> |  |                       |   |  |                   |                             |  |                        |  |
| Full Name of Contributor<br><b>Schneider Insurance Agency</b>    |  |                       |   |  |                   | Registration Number, if PAC |  |                        |  |
| Street Address<br><b>120 Mill Street</b>                         |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Gahanna</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43230</b>                |  | M<br><b>0   5</b> | D<br><b>0   5</b>           | Y<br><b>1   1</b>                        | Amount<br><b>50.00</b> |  |
| Full Name of Contributor<br><b>Cynthia Macioce</b>               |  |                       |   |  |                   | Registration Number, if PAC |  |                        |  |
| Street Address<br><b>790 Roebuck Dr</b>                          |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>cash</b>  |                        |  |
| City<br><b>Gahanna</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43230</b>                |  | M<br><b>0   5</b> | D<br><b>0   5</b>           | Y<br><b>1   1</b>                        | Amount<br><b>20.00</b> |  |
| Full Name of Contributor<br><b>Betsy Coccia</b>                  |  |                       |   |  |                   | Registration Number, if PAC |  |                        |  |
| Street Address<br><b>622 Deer Run Dr</b>                         |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Gahanna</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43230</b>                |  | M<br><b>0   5</b> | D<br><b>0   5</b>           | Y<br><b>1   1</b>                        | Amount<br><b>25.00</b> |  |
| Full Name of Contributor<br><b>Dwight Montgomery</b>             |  |                       |   |  |                   | Registration Number, if PAC |  |                        |  |
| Street Address<br><b>122 Misty Oak Pl</b>                        |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Gahanna</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43230</b>                |  | M<br><b>0   5</b> | D<br><b>0   5</b>           | Y<br><b>1   1</b>                        | Amount<br><b>30.00</b> |  |
| Full Name of Contributor<br><b>Erin Hoover</b>                   |  |                       |   |  |                   | Registration Number, if PAC |  |                        |  |
| Street Address<br><b>614 S Grant Ave</b>                         |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Columbus</b>  |  | State<br><b>O   H</b> | Zip Code<br><b>43230</b>                |  | M<br><b>0   5</b> | D<br><b>0   5</b>           | Y<br><b>1   1</b>                        | Amount<br><b>30.00</b> |  |
| Full Name of Contributor<br><b>Rebecca Leffler</b>               |  |                       |   |  |                   | Registration Number, if PAC |  |                        |  |
| Street Address<br><b>4857 Parkmoor Drive</b>                     |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Westerville</b>                                       |  | State<br><b>O   H</b> | Zip Code<br><b>43082</b>                |  | M<br><b>0   5</b> | D<br><b>0   5</b>           | Y<br><b>1   1</b>                        | Amount<br><b>30.00</b> |  |
| Full Name of Contributor<br><b>Sarah Fairchild</b>               |  |                       |   |  |                   | Registration Number, if PAC |  |                        |  |
| Street Address<br><b>170 S Huron Avenue</b>                      |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Coumbus</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43204</b>                |  | M<br><b>0   5</b> | D<br><b>0   5</b>           | Y<br><b>1   1</b>                        | Amount<br><b>25.00</b> |  |
| Full Name of Contributor<br><b>Margaret Scott</b>                |  |                       |   |  |                   | Registration Number, if PAC |  |                        |  |
| Street Address<br><b>195 Rivers Edge Way</b>                     |  |                       | Employer/Occupation/Labor Organization* |  |                   |                             | Form (Cash, Check, etc.)<br><b>check</b> |                        |  |
| City<br><b>Gahanna</b>   |  | State<br><b>O   H</b> | Zip Code<br><b>43004</b>                |  | M<br><b>0   5</b> | D<br><b>0   5</b>           | Y<br><b>1   1</b>                        | Amount<br><b>25.00</b> |  |

\* 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)]