

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full Citizens for Quality Schools						
Full Name of Contributor Rochelle Dunn				Registration Number, if PAC		
Street Address 337 Trail E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Pataskala	State OH	Zip Code 43062	M 1	D 0	Y 1 4	Amount \$10.00
Full Name of Contributor Milestone Benefits Agency, Inc.				Registration Number, if PAC		
Street Address 80 Grace Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Powell	State OH	Zip Code 43065	M 1	D 0	Y 0 9 1 4	Amount \$500.00
Full Name of Contributor T-shirt Fundraiser				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City	State OH	Zip Code	M 1	D 0	Y 1 5 1 4	Amount \$99.00
Full Name of Contributor T-shirt Fundraiser				Registration Number, if PAC		
Street Address High Point Elementary		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 1 5 1 4	Amount \$56.00
Full Name of Contributor Bricker & Eckler LLP				Registration Number, if PAC		
Street Address 100 S. Third St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1 0 1 4	Amount \$775.00
Full Name of Contributor Diana Fowler				Registration Number, if PAC		
Street Address 210 Creighton Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 1 4 1 4	Amount \$25.00
Full Name of Contributor Mary Wingert				Registration Number, if PAC		
Street Address 4077 Berrybush Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43230	M 1	D 0	Y 1 5 1 4	Amount \$12.00
Full Name of Contributor Laura Montgomery				Registration Number, if PAC		
Street Address 7 McKinley St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Mt. Vernon	State OH	Zip Code 43050	M 1	D 0	Y 1 5 1 4	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,577.00**