

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Quality Schools							
Full Name of Contributor Buckeye Power Sales Co. Inc.						Registration Number, if PAC	
Street Address PO Box 489		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Blacklick	State OH	Zip Code 43004	M 0	D 9	Y 1 9 1 4	Amount \$100.00	
Full Name of Contributor Jennifer L Eckert						Registration Number, if PAC	
Street Address 1122 Gwyndale Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City New Albany	State OH	Zip Code 43054	M 0	D 9	Y 2 3 1 4	Amount \$25.00	
Full Name of Contributor Gahanna Jefferson Education Foundation						Registration Number, if PAC	
Street Address 160 S. Hamilton Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 2 3 1 4	Amount \$5,000.00	
Full Name of Contributor Ben and Dinah Babcanec						Registration Number, if PAC	
Street Address 851 Moon Glow Ct.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 2 3 1 4	Amount \$100.00	
Full Name of Contributor Susan Mattingly						Registration Number, if PAC	
Street Address 6873 Addenbrook Blvd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City New Albany	State OH	Zip Code 43054	M 0	D 9	Y 2 6 1 4	Amount \$20.00	
Full Name of Contributor Tiffany Margolis						Registration Number, if PAC	
Street Address 1047 Grandon Ave.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2 6 1 4	Amount \$20.00	
Full Name of Contributor Paige Harding						Registration Number, if PAC	
Street Address 741 McDonell Pl.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Gahanna	State OH	Zip Code 43230	M 0	D 9	Y 2 6 1 4	Amount \$25.00	
Full Name of Contributor Joan Miller						Registration Number, if PAC	
Street Address 8019 Bowfin Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Blacklick	State OH	Zip Code 43004	M 0	D 9	Y 2 6 1 4	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$5,315.00**