

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Millstone Benefits Agency						Registration Number, if PAC			
Street Address 80 Grace Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Powell	State O	H H	Zip Code 43065	M 0	D 3	Y 0	Amount 2,500.00		
Full Name of Contributor Eric Jones						Registration Number, if PAC			
Street Address 4840 Driffield Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43221	M 0	D 3	Y 0	Amount 50.00		
Full Name of Contributor Elsie Johnson						Registration Number, if PAC			
Street Address 362 Baroness Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State 0	H H	Zip Code 43220	M 0	D 3	Y 0	Amount 7.00		
Full Name of Contributor Cynthia Murray						Registration Number, if PAC			
Street Address 253 Herritage Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 0	Amount 5.00		
Full Name of Contributor Melinda Sayre						Registration Number, if PAC			
Street Address 965 Taurus			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 0	Amount 25.00		
Full Name of Contributor Mary Chilcote						Registration Number, if PAC			
Street Address 2386 Reynoldsburg NA			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick	State O	H H	Zip Code 43004	M 0	D 3	Y 0	Amount 50.00		
Full Name of Contributor Jodi Eiler						Registration Number, if PAC			
Street Address 301 Caro Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 0	Amount 23.00		
Full Name of Contributor Jana Barren						Registration Number, if PAC			
Street Address 135 Walcreek Dr W			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 0	D 3	Y 0	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,760.00