| Page | 1 |
|------|---|

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |  |              |                            |                          |           |                          | <del></del> -   |            |  |
|--|--|--------------|----------------------------|--------------------------|-----------|--------------------------|-----------------|------------|--|
| Name of Committee in Full  |  |              |                            |                          |           |                          |                 |            |  |
| Citizens for Quality Schools   |  |              |                            | In the                   | , ,, ,    | 100                      | <u> </u>        |            |  |
| Full Name of Contributor   |  |              |                            | Registrat                | ion Numb  | per, it PA               | C               |            |  |
| Mark Ross  |  |              |                            |                          |           |                          |                 |            |  |
| Street Address   | Employe  | er/Occupa    | ation/Labor Organization*  |                          |           |                          | Form (Cash, Cho | eck, etc.) |  |
| 897 Plum Ridge   |  |              |                            |                          |           |                          | check           |            |  |
| City   | S  | tate         | Zip Code                   | M                        | D         | Υ .                      | Amount          |            |  |
| Columbus   | ] O  | ΙH           | 43213                      | 0 4                      | 2 1       | 1 1                      |                 | 30.00      |  |
| Full Name of Contributor   |  |              |                            | Registrat                | tion Num  | ber, if PA               | .C              |            |  |
| J Rodney Tolliver  |  |              |                            |                          |           |                          |                 |            |  |
| Street Address   | Employer/Occupation/Labor Organization*                          |              |                            | Form (Cash, Check, etc.) |           |                          |                 |            |  |
| 3627 Olentangy Blvd  |  |              |                            |                          |           |                          | check           |            |  |
| City   | - s  | tate         | Zip Code                   | М                        | D         | Y                        | Amount          |            |  |
| Columbus   | lo   | i H          | 43214                      | 0!4                      | 2   1     | 1   1                    |                 | 25.00      |  |
| Full Name of Contributor   |  | !            | 1 10 22 1                  |                          | tion Num  | ber, if PA               | C               |            |  |
| Linda Shannon  |  |              |                            |                          |           |                          |                 |            |  |
| Street Address   | Employ   | er/Occum     | ation/Labor Organization*  |                          |           |                          | Form (Cash, Ch  | eck, etc.) |  |
|  | E.I \$103  | • <b>,</b> , |                            |                          |           |                          |                 | check      |  |
| 6505 Meadowbrook Dr<br>City  |  | tate         | Zip Code                   | М                        | D         | Y                        | Amount          |            |  |
|  | 0  | H            | 43085                      | 0 4                      | 2 1       |                          |                 | 100.00     |  |
| Worthington  | 10   | 1 1 1        | 45005                      |                          | tion Num  |                          | C.              | 100.00     |  |
| Full Name of Contributor   |  |              |                            | l'egis                   |           |                          |                 |            |  |
| Cheryl Lowery  | - Francisco  | /0           | ation/Labor Organization*  |                          |           |                          | Form (Cash, Ch  | eck. ctc.) |  |
| Street Address   | Employ   | er/Occup     | ation/Labor Organization   |                          |           |                          | check           |            |  |
| 6000 Whitman Rd  |  |              | Tai o I                    | 1 1/                     | T 5       | Y                        | Amount          |            |  |
| City   | 1 _  | tate         | Zip Code                   | M                        | D         | Ι.                       | Allount         | 50.00      |  |
| Columbus   | 0  | H            | 43219                      | 0 4                      | 2 1       | 1   1                    |                 | 50.00      |  |
| Full Name of Contributor   |  |              |                            | Registra                 | tion Num  | ber, if PA               | C               |            |  |
| Joseph Mischler  |  |              |                            |                          |           |                          | T               |            |  |
| Street Address   | Employer/Occupation/Labor Organization*                          |              |                            |                          |           | Form (Cash, Check, etc.) |                 |            |  |
| 1404 Doten Ave   |  |              |                            |                          |           | ·                        | check           |            |  |
| City   |  | state        | Zip Code                   | M                        | D         | Y                        | Amount          |            |  |
| Columbus   | O  | H            | 43212                      | 0 4                      | 2 1       | 1   1                    | <u> </u>        | 30.00      |  |
| Full Name of Contributor   |  |              |                            | Registra                 | tion Num  | ber, if PA               | 4C              |            |  |
| Jenny Savakinas  |  |              |                            |                          |           |                          | _               |            |  |
| Street Address   | Employ   | er/Occup     | pation/Labor Organization* |                          |           |                          | Form (Cash, Ch  | eck, etc.) |  |
| 6723 New Albany Rd E   |  |              |                            |                          |           |                          | check           |            |  |
| City   |  | State        | Zip Code                   | М                        | D         | Y                        | Amount          |            |  |
| New Albany   |  | H            | 43054                      | 0 4                      | 2 1       | 111                      |                 | 40.00      |  |
| Full Name of Contributor   |  |              | <u></u>                    |                          | tion Nurr |                          |                 |            |  |
| Daniel Kelley  |  |              |                            |                          |           |                          |                 |            |  |
| Street Address   | Employ   | /er/Occur    | oation/Labor Organization* | <u> </u>                 |           |                          | Form (Cash, Cl  | eck, etc.) |  |
| 7108 Pleasant Colony Cir   | 1  |              |                            |                          |           |                          | check           |            |  |
| City   |  | State        | Zip Code                   | М                        | D         | Y                        | Amount          |            |  |
| Blacklick  | 0  | H            | 43004                      | 0 4                      | 2 1       | $ _{1 1}$                |                 | 80.00      |  |
| Full Name of Contributor   |  |              | 1 40004                    |                          | ation Nun |                          | AC              |            |  |
| M Patricia Clemans   |  |              |                            |                          |           |                          |                 |            |  |
| Street Address   | Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) |              |                            |                          |           |                          |                 |            |  |
|  | Employer Cocupation Labor Organization                           |              |                            |                          | check     |                          |                 |            |  |
| 9304 Belmont Pl  |  | State        | Zip Code                   | М                        | D         | ΤΥ                       | Amount          |            |  |
| City  Distance of the control of the | _  | H            | 43147                      | 1                        | 1         | 1111                     | . anount        | 40.00      |  |
| Pickerington   | O  |              |                            |                          |           | 1                        | e.i.            | ±0,00      |  |

\* 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 \$ | <u>395.00</u> |
|---------------|---------------|