

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Linda Diley						Registration Number, if PAC			
Street Address 7375 Kemperwood Court			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 Brenda McAtee						Registration Number, if PAC			
Street Address 1756 Penny Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Youngstown	State O	H H	Zip Code 44515		M 0	D 3	Y 0	Amount 46.03	
Full Name of Contributor Joseph Mischler						Registration Number, if PAC			
Street Address 1404 Doten Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43212		M 0	D 3	Y 0	Amount 70.00	
Full Name of Contributor Rebekah Rice						Registration Number, if PAC			
Street Address 189 Greenbank 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 100.00	
Full Name of Contributor C Anthony Peters						Registration Number, if PAC			
Street Address 3158 Glenrich Parkway			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 60.00	
Full Name of Contributor Kalena Falk						Registration Number, if PAC			
Street Address 7848 Birch Creek Dr			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 David Gleico						Registration Number, if PAC			
Street Address 191 Rugby 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 70.00	
Full Name of Contributor Mary Reed						Registration Number, if PAC			
Street Address 3210 Rainier Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	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 \$ 546.03