

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools												
Full Name of Contributor Amiee Byers						Registration Number, if PAC						
Street Address 5460 Winchester Cathedral Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash					
City Canal Winchester		State O H		Zip Code 43110		M 0 3		D 2 3		Y 1 0		Amount 65.00
Full Name of Contributor Blankenbecler Advisors, Inc						Registration Number, if PAC						
Street Address 501 Morrison Rd, Suite 201			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 2 3		Y 1 0		Amount 300.00
Full Name of Contributor Schneider Insurance						Registration Number, if PAC						
Street Address 120 Mill St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State 0 H		Zip Code 43230		M 0 3		D 2 5		Y 1 0		Amount 100.00
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 O H		Zip Code 43230		M 0 3		D 2 9		Y 1 0		Amount 5,000.00
Full Name of Contributor Mary Ann Byrum						Registration Number, if PAC						
Street Address 6827 Jennifer Ann Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Lewis Center		State O H		Zip Code 43035		M 0 3		D 2 9		Y 1 0		Amount 35.00
Full Name of Contributor Susan Vandop						Registration Number, if PAC						
Street Address 341 Cornhill Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Westerville		State O H		Zip Code 43081		M 0 3		D 2 9		Y 1 0		Amount 75.00
Full Name of Contributor Paulie Basford						Registration Number, if PAC						
Street Address 1322 Haybrook Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 2 9		Y 1 0		Amount 80.00
Full Name of Contributor Kevin Sheets						Registration Number, if PAC						
Street Address 209 Glenhurst Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Gahanna		State O H		Zip Code 43230		M 0 3		D 2 9		Y 1 0		Amount 80.00

* 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 \$ 5,735.00