Page 56
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Quality Schools							
					on Number, if PAC		
Angela McCausland Potts							
Street Address	Employer/Occupation	n/Labor Organization*				Form (Cash, Check,	etc.)
3754 Amerine Lane						check	
City	State Zip	p Code	М	D	Y	Amount	
Hilliard	OH	43026	0 3	0 9	1 0		40.00
Full Name of Contributor			and the second s	tion Num	man distinguish agent, or a sta		
Sean Wilcox							
Street Address	Employer/Occupation	n/Labor Organization*		distribution of the state of th		Form (Cash, Check,	etc.)
1348 Delcastle Loop						check	
City	State Zip	p Code	М	D	Y	Amount	
Grove City	OH	43123	0 3	0 9	1 0		60.00
Full Name of Contributor				tion Num	CONTRACTOR OF THE PARTY OF THE		00.00
Effie Johnson			ľ		,		
Street Address	Employer/Occupation	n/Labor Organization*			idatka miandiligia ZAZ	Form (Cash, Check,	etc.)
3545 Waggoner Rd		Ü				check	ŕ
City	State Zig	p Code	M	D	Y	Amount	
Blacklick		43004	0 3		1 0		36.00
Full Name of Contributor		10001		tion Num	ATOSTIC WINDOWS		50.00
Cynthia Kindinger					,		
Street Address	Employer/Occupation	n/Labor Organization*		***************************************		Form (Cash, Check,	etc.)
4379 Wetmore Rd	, , , , , , , , , , , , , , , , , , , ,	Ų.				check	,
City	State Zig	p Code	M	D	Y	Amount	
Columbus	1 1 '	43224	0 3	1	1 0		25.00
Full Name of Contributor		10441		tion Num			20.00
John Snoad			,,		,		
Street Address	Employer/Occupation	n/Labor Organization*				Form (Cash, Check,	etc )
1004 Arcaro Drive	, , , , , , , , , , , , , , , , , , , ,					check	,
City	State Zin	p Code	М	D	Y	Amount	<del></del>
Gahanna		43230	0 3	1	1 0		00.00
Full Name of Contributor		10200		tion Num			00.00
Helen Amsbary							
Street Address	Employer/Occupation	n/Labor Organization*		**************	***************************************	Form (Cash, Check,	etc.)
685 Hawthorne Drive		Ŭ				check	,
City	State Zig	p Code	l M	D	Y	Amount	
Circleville	1 1 .	43113	03	ı	1 0		50.00
Full Name of Contributor		10110		tion Num	CHARLEST WITH THE PARTY OF THE	Contract of the Contract of th	00.00
Jonathan Boron					ŕ		
Street Address	Employer/Occupation	n/Labor Organization*	_L			Form (Cash, Check,	etc.)
7152 Gable Stone Ln		, , , , , , , , , , , , , , , , , , ,				check	,
City	State Zig	p Code	М	D	Y	Amount	
New Albany		43054	0 3	1		l i	00.00
Full Name of Contributor		TOOT	بريس فرسيد فيستوان والمستوار والمستوار والمستوار والمستوار	tion Num	NAME OF TAXABLE PARTY.		00.00
Patti Hoffman			1.05,001				
Street Address	Employer/Occupation	n/Labor Organization*				Form (Cash, Check,	etc.)
273 Highmeadow Drive	Sprojon occupanous sucon organization			check			
City	State Zip	p Code	M	D	Y	Amount	
Gahanna	1 1	43230	0 3	0 9	1 0		90.00
		TU4.UU	TAIS	1013	1110		JU.UU

Page	Total	\$ 501.00

<sup>\*</sup> 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)]