

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                  |                       |                          |                                         |               |                   |                                          |  |
|------------------------------------------------------------------|-----------------------|--------------------------|-----------------------------------------|---------------|-------------------|------------------------------------------|--|
| Name of Committee in Full<br><b>Citizens for Quality Schools</b> |                       |                          |                                         |               |                   |                                          |  |
| Full Name of Contributor<br><b>Timothy Tomesek</b>               |                       |                          |                                         |               |                   | Registration Number, if PAC              |  |
| Street Address<br><b>626 Bay Dr</b>                              |                       |                          | Employer/Occupation/Labor Organization* |               |                   | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Westerville</b>                                       | State<br><b>O   H</b> | Zip Code<br><b>43082</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>2   1</b> | Amount<br><b>20.00</b>                   |  |
| Full Name of Contributor<br><b>Meredith Sweatland</b>            |                       |                          |                                         |               |                   | Registration Number, if PAC              |  |
| Street Address<br><b>6265 Stonewalk Lane</b>                     |                       |                          | Employer/Occupation/Labor Organization* |               |                   | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>New Albany</b>                                        | State<br><b>O   H</b> | Zip Code<br><b>43054</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>2   1</b> | Amount<br><b>20.00</b>                   |  |
| Full Name of Contributor<br><b>Richard Micheli</b>               |                       |                          |                                         |               |                   | Registration Number, if PAC              |  |
| Street Address<br><b>638 N High St Apt 3</b>                     |                       |                          | Employer/Occupation/Labor Organization* |               |                   | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Columbus</b>                                          | State<br><b>O   H</b> | Zip Code<br><b>43215</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>2   1</b> | Amount<br><b>20.00</b>                   |  |
| Full Name of Contributor<br><b>Brenda Telecsan</b>               |                       |                          |                                         |               |                   | Registration Number, if PAC              |  |
| Street Address<br><b>8445 Kingsley Dr</b>                        |                       |                          | Employer/Occupation/Labor Organization* |               |                   | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Reynoldsburg</b>                                      | State<br><b>O   H</b> | Zip Code<br><b>43068</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>2   1</b> | Amount<br><b>20.00</b>                   |  |
| Full Name of Contributor<br><b>Megan Dorion</b>                  |                       |                          |                                         |               |                   | Registration Number, if PAC              |  |
| Street Address<br><b>1549 Glades Dr</b>                          |                       |                          | Employer/Occupation/Labor Organization* |               |                   | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Grove City</b>                                        | State<br><b>O   H</b> | Zip Code<br><b>43123</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>2   1</b> | Amount<br><b>25.00</b>                   |  |
| Full Name of Contributor<br><b>Jonily Zupancic</b>               |                       |                          |                                         |               |                   | Registration Number, if PAC              |  |
| Street Address<br><b>244 Essex Place</b>                         |                       |                          | Employer/Occupation/Labor Organization* |               |                   | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Pataskala</b>                                         | State<br><b>O   H</b> | Zip Code<br><b>43062</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>2   1</b> | Amount<br><b>20.00</b>                   |  |
| Full Name of Contributor<br><b>Kristi Griffiths</b>              |                       |                          |                                         |               |                   | Registration Number, if PAC              |  |
| Street Address<br><b>120 Mendolin Way</b>                        |                       |                          | Employer/Occupation/Labor Organization* |               |                   | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Powell</b>                                            | State<br><b>O   H</b> | Zip Code<br><b>43054</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>2   1</b> | Amount<br><b>20.00</b>                   |  |
| Full Name of Contributor<br><b>Minday Shaffer</b>                |                       |                          |                                         |               |                   | Registration Number, if PAC              |  |
| Street Address<br><b>432 Dennison Ct NW</b>                      |                       |                          | Employer/Occupation/Labor Organization* |               |                   | Form (Cash, Check, etc.)<br><b>check</b> |  |
| City<br><b>Lancaster</b>                                         | State<br><b>O   H</b> | Zip Code<br><b>43130</b> | M<br><b>0</b>                           | D<br><b>4</b> | Y<br><b>2   1</b> | Amount<br><b>50.00</b>                   |  |

\* 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)]