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R.	C.	35	17.	10

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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

	•	,					
Name of Committee in Full					PROTECTION OF THE PROTECTION O		
Citizens for Quality Schools							
Full Name of Contributor			Registra	ation Num	aber, if P	AC	No.
Scott, Criven & Wahoff, LLP			-				
Street Address	Employer/Oc	cupation/Labor Organization*	L	AND COLUMN TO THE OWNER,	Production (Control	Form (Cash,	Check. etc.)
50 W Broad Street, Ste 2500	1	•				check	oner.,
City	State	Zip Code	М	D	Гү	Amount	
Columbus	OLE		0 2		1 0	1	3,000.00
Full Name of Contributor		10210	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	ation Num	CONTRACTOR OF THE PARTY OF THE	Water Committee of the	3,000.00
Heartland Bank						AC	
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, G	Obsal ata )
850 North Hamilton Rd		suputions bused organization.				1	uneck, etc.)
City	State	Zip Code	M	D	Y	check Amount	· · · · · · · · · · · · · · · · · · ·
Gahanna	OLE		1		l .		2 500 00
Full Name of Contributor		*   10400	0 2	0 8 ation Num	$1 \mid 0$	THE RESERVE OF THE PARTY OF THE	2,500.00
Kathleen Mullooly-Erhard			Kegisua	itton ivum	ber, 11 F	AC	
Street Address	Employer/Occ	cupation/Labor Organization*		<del>-</del>	Residence of the second	· (0.1.	
648 Howell Dr	Linployer	mpanon/Lagor Organization				Form (Cash, Check, etc.)	
City	State	Trin Code	<del></del>	<del></del>	<del>,</del> -	check	······································
Newark	1	Zip Code	M	D	Y	Amount	
Full Name of Contributor		43055	0 2		1 0		110.00
Dale Foor			Registra	ition Num	ber, if Pa	AC	
Street Address	Inlower(Ose	· / / / / / / / / / / / / / / / / / / /		and the second			
626 Reindeer Lane	Employer/Occ	cupation/Labor Organization*				Form (Cash, C	Check, etc.)
City		1		***************************************		check	
•	State	Zip Code	M	D	Y	Amount	
Gahanna Full Name of Contributor	OH	43230	0 2	ATTICO DE LA CONTRACTOR		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	50.00
			Registra	tion Numb	ber, if PA	AC	
Mark R Grunkemeyer Street Address						202000000000000000000000000000000000000	
	Employer/Occ	eupation/Labor Organization*				Form (Cash, C	Check, etc.)
235 Benton Way		·				check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	_ O H	43230	0 2	0 9	1 0		50.00
Full Name of Contributor			Registra	tion Numb	ber, if PA	4C	
Robert McCafferty							
Street Address	Employer/Occupation/Labor Organization*		2000			Form (Cash, C	Check, etc.)
2755 Northmont Drive						check	
City	State	Zip Code	М	D	Y	Amount	
Blacklick	<u> </u>	43004	0 2	0 9	1 0		100.00
Full Name of Contributor				tion Numb	per, if PA	AC .	
various individuals less than \$25							
Street Address	Employer/Occi	upation/Labor Organization*	Branon			Form (Cash, C	heck, etc.)
						cash	
City	State	Zip Code	М	D	Y	Amount	
			0 2		8		40.00
Full Name of Contributor			members of the state of the sta	tion Numb	CONTRACTOR OF THE PARTY OF THE	NC:	70.00
Mark White					,		
Street Address	Employer/Occi	upation/Labor Organization*		District Control		Form (Cash, C	heck etc.)
1744 Harrison Pond Drive						check	3100K, 010.)
City	State	Zip Code	М	D	Y	Amount	
New Albany	OH	'	0 2	1	1 0	Amount	200.00
		1 10001	. 10/4/	4 0	TOP		2.00.00 j

equired for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the vidual'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 mization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$	6,050.00
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