Statement of Contributions Received

Prescribed by Secretary of State 3/05

			ctary or state 5/05					
Name of Committee in Full					-			
Citizens for Quincel								
Full Name of Contributor	Registration Number, if PA					AC		
Whitehall Credit Union				ł				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
5025 E. Main St.	ĺ						cash	
City	State	e	Zip Code	М	D	TY	Amount	
Columbus	OL	Н	43213	1 2	2 3 1	1 5	0.11	
Full Name of Contributor						mber, if P		
Whitehall Credit Union								
Street Address	Employer/	Occupa	tion/Labor Organization*	——			Form (Cash, Check, etc.)	
5025 E. Main St.	[•	•				cash	
City	State	e	Zip Code	М	D	l Y	Amount	
Columbus	$\log 1$	Н	43213	0 3	1		0.04	
Full Name of Contributor			10210					
Full Name of Contributor Registration Number, if PAC Whitehall Credit Union								
Street Address	Employer/	Occupa	tion/Labor Organization*	Ц.			Form (Cash, Check, etc.)	
5025 E. Main St.	Employer occupation Labor Organization				cash			
City	State	e -	Zip Code	М	D	ΤΥ	Amount	
Columbus	0	Н	43213	1	3 3 (1		
Full Name of Contributor			43213					
Full Name of Contributor Registration Number, if PAC Whitehall Credit Union								
Street Address	Employer/	Occupa	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
5025 E. Main St.	Employer/Occupation/Labor Organization*							
City	State		Zip Code	М	D	ΙΥ	cash Amount	
Columbus	O	Н	43213	1		$ 1 _{6}$	1 1	
Full Name of Contributor			43213			سيصنيطين		
Full Name of Contributor Registration Number, if PAC Whitehall Credit Union								
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
	Linployen	Оссира	uon Laoon Organization					
5025 E. Main St. City	State		Zip Code	Ιм	Lb	ΙΥ	Cash Amount	
	O	Н	_	1	\int_{0}^{D}	1	1	
Columbus		11	43213	1 2				
Full Name of Contributor Registration Number, if PAC								
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
Succi Address	Employer	Оссира	uon/Laoor Organization				ronn (Cash, Check, etc.)	
City	State		Zip Code	М	D	ΤΥ	Amount	
city	State	e	Zip Code] M		1,	Amount	
E.H.News of Contributes			L	Decision	ntion Mu	mber, if PA	1	
Full Name of Contributor				Regisu	auon Nu	noer, ii P		
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
	1		a. o. i		T 5		<u> </u>	
City	State	e	Zip Code	M	D	Y	Amount	
	<u> </u>			2	<u> </u>			
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
	<u> </u>			1				
City	State	е	Zip Code	M	D	Y	Amount	

* 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)]

D Total C	0.04
Page Total \$	0.24