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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			***************************************				
Citizens for Quality Schools							
Full Name of Contributor			Registrat	tion Num	ber, if PA	ъС	
Amy Scott					,		
Street Address	Employer/Occup	oation/Labor Organization*		SOMETHING STREET		Form (Cash, Check, etc.)	
9745 Jug Street NW						check	
City	State	Zip Code	M	D	Y	Amount	
Pataskala	OH	43062	0 3	2 9	1 0	85.0	
Full Name of Contributor			CONTRACTOR OF THE PARTY OF THE	tion Num	THE RESIDENCE PROPERTY.		
Chandra Van De Water							
Street Address	Employer/Occup	oation/Labor Organization*	· ·			Form (Cash, Check, etc.)	
6800 Raybear Dr						check	
City	State	Zip Code	М	D	Y	Amount	
Canal Winchester	$O \mid H$	43110	0 4	0 5	1 0	20.0	
Full Name of Contributor				tion Num		AC	
Bradley Payne LLC							
Street Address	Employer/Occu	oation/Labor Organization*				Form (Cash, Check, etc.)	
171 Montclair Ave						check	
City	State	Zip Code	М	D	Y	Amount	
Circleville	0 H	43113	0 4	0 5	$1 \mid 0$	200.0	
Full Name of Contributor			Registra	tion Num	ber, if PA	\C	
School Insurance Consultants				enternity to the town	a decida El Paris Da Sa Call Diller		
Street Address	Employer/Occu	oation/Labor Organization*				Form (Cash, Check, etc.)	
2671 Shawan Rd						check	
City	State	Zip Code	M	D	Y	Amount	
Lebanon	O H	45036				100.0	
Full Name of Contributor				Registration Number, if PAC			
Bricker & Eckler LLP State Politial A			OH.	I821			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
100 S Third St		<del></del>	T	T		check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215		0 5			
Full Name of Contributor			Kegistra	tion Nun	iber, if P/	AC.	
Rochelle Dunn			<u> </u>	***************************************	**************************************	E (0 1 0 )	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
227 Trail East	State	Zip Code	М	D	ΙΥ	check Amount	
City	OH	43062	1	0 5		2	
Pataskala Full Name of Contributor	10111	43002		tion Nun			
			Kegisua	mion raun	1001, 11 1 7	-t-C	
Arlene Funari Street Address	Employar/Occu	pation/Labor Organization*	_ <u>L</u>	*************	***************************************	Form (Cash, Check, etc.)	
9	Employenoccu	pations Labor Organization				check	
285 Regents Rd	State	Zip Code	M	D	Y	Amount	
· Gahanna	OH	43230	0 4	1 .	1	15.0	
Full Name of Contributor	10 11	1 43230	commence control control	tion Nun			
George Moore			2.00000		14 1 1	·	
Street Address	Employer/Occu	pation/Labor Organization*		***************************************	***************************************	Form (Cash, Check, etc.)	
76 Railroad St						check	
City	State	Zip Code	M	D	Y	Amount	
Pataskala	OH	43062	0 4		1	9	
1 atabhaia	101	1 70004	IVIT			8 4J.V	

Page Total \$ 1,495.00

<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)]