Page	_1	ප

235.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
							ŀ	
Citizens for Quality Schools			Registration Number, if PAC					
Full Name of Contributor				regulation runner, it i re				
Schneider Insurance Agency	F 1 (Occ	unation // phor Organization*				Form (Cash, Che	ck. etc.)	
Street Address	Employer/Occ	supation/Labor Organization*				check	on, oro.,	
120 Mill Street		In: a t	- L W 1		Y	Amount		
City	State	Zip Code	M	D Ole		Amount	E0.00	
Gahanna	0 1	43230	0 5	0 5	1 1	<u> </u>	50.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	.C		
Cynthia Macioce								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
790 Roebuck Dr					_	cash		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	0 1	1 43230	0 5	0 5	1 1		20.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	'C		
Betsy Coccia								
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Che	eck, etc.)	
622 Deer Run Dr						check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	OLE	43230	015	0 5	111		25.00	
Full Name of Contributor		200			ber, if PA	(C		
Dwight Montgomery Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Che	eck, etc.)	
	Billiproyen					check		
122 Misty Oak Pl	State	Zip Code	М	D	Y	Amount		
1 -	OIL	. •		015			30.00	
Gahanna	1011	1 43230			iber, if PA	AC.		
Full Name of Contributor			Registra					
Erin Hoover	E 1 10	in the Constitutions				Form (Cash, Chi	eck etc \	
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)		
614 S Grant Ave		- In a			Y	check		
City	State	Zip Code	M	D	1	Amount	20.00	
Columbus	0 1	1 43230	0 5			<u> </u>	30.00	
Full Name of Contributor			Registra	non Num	ber, if P	AC.		
Rebecca Leffler								
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
4857 Parkmoor Drive					· · · · · · · · · · · · · · · · · · ·	check		
City	State	Zip Code	M	D	Y	Amount		
Westerville	0 1	H 43082	0 5	0 5	1 1	<u> </u>	30.00	
Full Name of Contributor			Registra	tion Nun	nber, if Pa	4C		
Sarah Fairchild								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
170 S Huron Avenue							check	
City	State	Zip Code	М	D	Y	Amount		
Coumbus	1 O E	H 43204	015	0 5	111	ł	25.00	
Full Name of Contributor					nber if P	AC		
Margaret Scott								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
195 Rivers Edge Way						check		
City	State	Zip Code	М	D	Y	Amount		
Gahanna		1 43004	015	0 5	1 1		25.00	
Gartanna		andidator If contributor is self-or				manus a Salus	20.00	

^{*} 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)]

Page Total \$