Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			***************************************				
Citizens for Quality Schools							
Full Name of Contributor				Registration Number, if PAC			
Linda Diley Street Address	Employer/Occup	ation/Labor Organization*			1	Form (Cash, Che	eck, etc.)
	Employer occup		check			<i>'</i>	
7375 Kemperwood Court	State	Zip Code	М	D	Y	Amount	
^{City} Blacklick	O H	43004	1 1	1	1 0		50.00
Full Name of Contributor			Registrati			С	
Brenda McAtee							
Street Address	Employer/Occup		and the second designation of the second des		Form (Cash, Ch	eck, etc.)	
	Z.mpro) tir d ottap						
1756 Penny Ln	State	Zip Code	М	D	Y	check Amount	
City	OH	44515	1 1	0 9	1 0		46.03
Youngstown Full Name of Contributor		44010	Registrat			C	10.00
			1.1.5.1.1.1		,		
Joseph Mischler	[Employer/Occur	oation/Labor Organization*		***************************************		Form (Cash, Ch	eck. etc.)
Street Address	Linployer/Occup	Jation Eabor Organization				check	,
1404 Doten Ave	State	Zip Code	Тм	D	Y	Amount	
City		1 '	0 3	0 9	1 0	7 1110 0111	70.00
Columbus	0	43212		ion Num	The same of the sa		70.00
Full Name of Contributor			Registrat	ion ivain	001, 11 17		•
Rebekah Rice	In 1 (0	oation/Labor Organization*			***************************************	Form (Cash, Ch	eck etc)
Street Address	Employer/Occup		check				
189 Greenbank Rd		Ta: 0 1		D	Y	Amount	
City	State	Zip Code	M			Amount	100.00
Gahanna	O H	43230	0 3	0 9 tion Num			100.00
Full Name of Contributor			Kegistra	uon num	oer, n ra	10	
C Anthony Peters				***************************************	MICOSON CONTRACTOR	Earn (Coah Ch	ands ata
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
3158 Glenrich Parkway			1			check	
City	State	Zip Code	M	D	Y	Amount	(0.00
Columbus	OH	43221	0 3	0 9			60.00
Full Name of Contributor			Registra	tion Num	iber, if P	AC:	
Kalena Falk					_		
Street Address	Employer/Occu				Form (Cash, Cl	neck, etc.)	
7848 Birch Creek Dr					,	check	
City	State	Zip Code	M	D	Y	Amount	# 0.00
Blacklick	0 H	43004	0 3				50.00
Full Name of Contributor			Registra	tion Num	iber, if Pa	AC	
David Gleico					***************************************		
Street Address	Employer/Occupation/Labor Organization*						heck, etc.)
191 Rugby Lane			check				
City	State	Zip Code	М	D	Y	Amount	
Gahanna	0 H	43230		0 9			70.00
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Mary Reed			L			wood to contract the contract to the contract	***************************************
Street Address	Employer/Occu		F			heck, etc.)	
3210 Rainier Ave							
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43230	0 3	0 9	1 0		100.00
		andidates If contributor is s				THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	

Page Total \$ 546.03

^{*} 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)]