

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quality Schools									
Full Name of Contributor Cynthia Macioce						Registration Number, if PAC			
Street Address 790 Roebuck Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 1	D 1	Y 4	Amount 40.00		
Full Name of Contributor Timothy Dunn						Registration Number, if PAC			
Street Address 337 Trail East			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Pataskala	State O	H H	Zip Code 43062	M 11	D 0	Y 1	Amount 60.00		
Full Name of Contributor Lori Scott						Registration Number, if PAC			
Street Address 1815 Misty Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O	H H	Zip Code 43232	M 11	D 0	Y 1	Amount 50.00		
Full Name of Contributor Dale Foor						Registration Number, if PAC			
Street Address 626 Reindeer Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 1	D 1	Y 4	Amount 100.00		
Full Name of Contributor Richard Oxley						Registration Number, if PAC			
Street Address 253 Shrock Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O	H H	Zip Code 43081	M 1	D 1	Y 4	Amount 116.00		
Full Name of Contributor Joseph Schiska						Registration Number, if PAC			
Street Address 903 E College Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O	H H	Zip Code 43081	M 1	D 1	Y 4	Amount 125.00		
Full Name of Contributor Hank Langhals						Registration Number, if PAC			
Street Address 901 Aries Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna	State O	H H	Zip Code 43230	M 1	D 1	Y 4	Amount 100.00		
Full Name of Contributor Sue Wieging						Registration Number, if PAC			
Street Address 7945 Hickson Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick	State O	H H	Zip Code 43004	M 1	D 1	Y 4	Amount 100.00		

* 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 \$ 691.00