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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

		<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>					
Name of Committee in Full							
Citizens for Quality Schools							
Full Name of Contributor			Registrat	ion Numb	per, if PA	C	
Cynthia Macioce							
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Cl	ieck, etc.)
790 Roebuck Drive						check	
City	State	Zip Code	М	D	Υ	Amount	
Gahanna	OH	43230	1 0	1 4	1 0		40.00
Full Name of Contributor	. 1		Registrat		oer, if PA	C	
Timothy Dunn							
Street Address	Employer/Occupa	ntion/Labor Organization*	<u> </u>		1	Form (Cash, Cl	ieck, etc.)
337 Trail East					check		
City	State	Zip Code	М	D	Y	Amount	
Pataskala	OH	43062	11 0	1   4			60.00
Full Name of Contributor		T0004			per, if PA	C	55.00
			egisii at				
Lori Scott Street Address	[Gmo]avari(Danua	ntion/Labor Organization*				Form (Cash, Cl	neck, etc 1
	EmployerAccup	movement cilenteration				check	,
1815 Misty Way	State	Zin Code	М	D	Y	Amount	
City		Zip Code		l		ount	50.00
Columbus	OH	43232		1   4	1 0 ber, if PA		50.00
Full Name of Contributor			Registrat	non num	oct, II PA	_	
Dale Foor						Form (Cash, C	hank ata \
Street Address	Employer/Occup	ation/Labor Organization*					neck, etc.}
626 Reindeer Lane						check	
City	State	Zip Code	M	D	Y	Amount	400.00
Gahanna	OH	43230	1 0	1   4	1 0	<u> </u>	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Richard Oxley							
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)			heck, etc.)
253 Shrock Rd						check	
City	State	Zip Code	М	D	Υ	Amount	
Westerville	OIH	43081	110	1   4	1 0		116.00
Full Name of Contributor					ber, if PA		
Joseph Schiska			1				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Fonn (Cash, C	heck, etc.)
903 E College Ave					check		
City	State	Zip Code	М	D	Y	Amount	<del></del>
Westerville	OH	43081	110	1114	1 0		125.00
Full Name of Contributor	1.91.5	1.10001			ber, if PA		
Hank Langhals Street Address	[Employer/Decur	ation/Labor Organization*				Form (Cash, C	heck, etc.)
L.	in in proyet/Occup	Embios es Oceanations Capos Organization.				check	
901 Aries Dr	State	Zip Code	М	D	Υ	Amount	
City				1	1 0	t .	100.00
Gahanna	OFF	43230	1 0		<u>I 1 ; U</u> beτ, if PA		100.00
Full Name of Contributor			Registra	ICIDII INIIII	oci, ii i'#	14-	
Sue Wieging	In	ariang at a constraint a				Form (Cach C	hack etc.)
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
7945 Hickson Dr		Tar a .		T & T	T 1/	check	
City	State	Zíp Code	M	D	Y	Amount	100.00
Blacklick	OiH	43004	1 0	1 4	1 0	<u></u>	100.00

Page Total \$	691.00

<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)]