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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

		,				
Name of Committee in Full				December 1995		<del>annomitanos</del>
Citizens for Quality Schools						
Tail News of County, the				nber, if P/	AC	
Sondra Riebel			Ĭ	,		
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc	c.)
263 Brueghel		- <del>-</del>			check	<i>u.,</i>
City	State	Zip Code	M D	Y	Amount	
Blacklick	OH	43004	0 3 0 2	$\begin{vmatrix} 1 & 0 \end{vmatrix}$	ľ	0 nn
Full Name of Contributor		] "3,000-3	Registration Nun	CONTRACTOR OF STREET		0.00
Kay Tomesek			rogradianon 1.4.	1001, 11 1 2	AC .	
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc	***************************************
626 Bay Dr		attori Daoor Organization				3.)
City City	State	Zip Code	M D	Y	check	
Westerville	O   H	43082	1 . 1 .	1 . 1	Amount	<b>~</b> 00
Full Name of Contributor		43004	0 3 0 2	$1 \mid 0$		7.00
Jennifer Smith			Registration Nun	iber, ii r	AC	
Street Address	Employer/Occupy	ation/Labor Organization*				1245a
14288 Jug St	Linproyer/Occupa	ation/Labor Organization			Form (Cash, Check, etc	٤.)
City	Stata	7:- 0.4.	1,/-1-		check	
Johnstown	1	Zip Code	M D	Y	Amount	
Full Name of Contributor	I O I H	43031	0 3 0 2	$1 \mid 0$		1.00
			Registration Num	ber, if PA	VC.	
Megan Poff Street Address	Ir/O					anno de montre que
	Employer/Occupa	ation/Labor Organization*			Form (Cash, Check, etc	;}
5299 Knight St					check	
•	State	Zip Code	M D	1	Amount	
Groveport Full Name of Contributor	O   H	43125	0 3 0 2	$1 \mid 0$		0.00
			Registration Num	ber, if PA	C	
Amanda Collier Street Address	- I- I- I-					
	Employer/Occupa	tion/Labor Organization*			Form (Cash, Check, etc	:.)
916 Gray Dr City					check	
	1 1	Zip Code	M D	Y	Amount	
Pickerington Full Name of Contributor		43137	0 3 0 2	1 0	100	0.00
			Registration Num	ber, if PA	C	
Linda Jenks						
Street Address	Employer/Occupa	tion/Labor Organization*			Form (Cash, Check, etc.	.)
3816 Bentworth Ln					check	
City	1	Zip Code	M D	Y	Amount	
Gahanna		43230	0 3 0 2	$1 \mid 0$	25	5.00
Full Name of Contributor			Registration Num	ber, if PA	С	
Jeannette Frioni						
Street Address	Employer/Occupa	tion/Labor Organization*	2		Form (Cash, Check, etc.	.)
1934 Rockdale				1	check	
City	State	Zip Code	M D	Y .	Amount	
Columbus	O   H	43229	0 3 0 2	1 0	87	7.00
Full Name of Contributor			Registration Numb			
Greg Telecsan			g			
Street Address	Employer/Occupat	tion/Labor Organization*	- Land		Form (Cash, Check, etc.	.)
8445 Kingsley Dr				¥0	check	<i>′</i>
City	State	Zip Code	M D	Y	Amount	
Reynoldsburg	OH	43068	0 3 0 2			00.0
urised for contributions from individuals over \$100 to eta			101010121	1 VI	00	····

Page Total \$	530.00
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<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)]