



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

E. II Name of Committee					
Full Name of Committee					
Citizens for Quality Schools					
Full Name of Contributor Registration Numb					er, if PAC
Kay Melaragno				}	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
3098 Mann Rd	Check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Blacklick	ОН	43004	06/14/2019		2.00
Full Name of Contributor	<u></u>		<del>`</del>	Registration Numb	er, if PAC
Kelly Overmyer					
Street Address	Employer	/Occupation/Labor Or	Form (Cash, Check, etc.)		
1456 Elmwood Avenue Apt. B	check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	он	43212	06/14/2019		2.00
Full Name of Contributor Registration Number					er, if PAC
Erin Schmidt					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
699 Tim Tam Avenue					check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230	06/14/2019		20.00
Full Name of Contributor	Registration Number, if PAC				er, if PAC
Jennifer Sinkey					
Street Address	Employer	Occupation/Labor Or	Form (Cash, Check, etc.)		
1458 Stewart Place	Check				
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Blacklick	он	43004		06/14/2019	4.00
Full Name of Contributor			er, if PAC		
Katherine Snider	rine Snider				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
7519 Ashley Meadow Drive	Check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Blacklick	он	43004	06/14/2019 4.00		

\*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 also appear. [R.C. 3517.10(B)(4)]

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