31-A
R.C. 3517.10

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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	
Abby Weaver						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
101 N High St, Apt B3						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	O | H	43230	0 9	1 7	1 0	10.00
Full Name of Contributor					Registration Number, if PAC	
Mary Anderson						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
8607 Clover Glade Dr						check
City	State	Zip Code	M	D	Y	Amount
Lewis Center	O | H	43035	0 9	1 7	1 0	25.00
Full Name of Contributor					Registration Number, if PAC	
Susan Edwards						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
267 Carlin Ct W						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	O | H	43230	0 9	1 7	1 0	50.00
Full Name of Contributor					Registration Number, if PAC	
Jennifer Brown						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
5317 York Rd SW						check
City	State	Zip Code	M	D	Y	Amount
Pataskala	O | H	43062	0 9	1 7	1 0	25.00
Full Name of Contributor					Registration Number, if PAC	
Ellen Shultz						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
333 Sycamore Ridge Way						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	O | H	43230	0 9	1 7	1 0	25.00
Full Name of Contributor					Registration Number, if PAC	
Susan Stoll						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
5952 State Route 540						check
City	State	Zip Code	M	D	Y	Amount
Bellefontaine	O | H	43311	0 9	1 7	1 0	20.00
Full Name of Contributor					Registration Number, if PAC	
Erin Anderson						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
7146 Winterlach						check
City	State	Zip Code	M	D	Y	Amount
New Albany	O | H	43054	0 9	1 7	1 0	50.00
Full Name of Contributor					Registration Number, if PAC	
Christina Connaughton						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
456 Howland Dr						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	O | H	43004	0 9	1 7	1 0	25.00

* 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 $ 230.00