



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Citizens for Quality Schools				
Full Name of Contributor			Registration Number, if PAC	
Loni Williams				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
6405 Darling Rd.				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Blacklick	OH	43004	03/20/2018	65.00
Full Name of Contributor			Registration Number, if PAC	
Connie Phillips				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
5427 Coral Berry Dr.				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43235	03/20/2018	50.00
Full Name of Contributor			Registration Number, if PAC	
Lettie Huyghe				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
7945 Clark State Rd.				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Blacklick	OH	43004	03/20/2018	100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			

*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)]