



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Quality Schools				
Full Name of Contributor Allison Heinold			Registration Number, if PAC	
Street Address 443 Bluestem Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43230	Date (MM/DD/YYYY) 04/19/2018	Amount 55.00
Full Name of Contributor Charlotte Palmer			Registration Number, if PAC	
Street Address 35 E. Tulane Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 04/19/2018	Amount 50.00
Full Name of Contributor Joann Diroll			Registration Number, if PAC	
Street Address 5247 Hitesman Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 04/19/2018	Amount 30.00
Full Name of Contributor Andrea Saunders			Registration Number, if PAC	
Street Address 255 W Hubbard St Apt 1		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 04/19/2018	Amount 50.00
Full Name of Contributor Kristi Griffiths			Registration Number, if PAC	
Street Address 120 Mendolin Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 04/19/2018	Amount 50.00

*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)]