



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Quality Schools				
Full Name of Contributor Tia Holliman			Registration Number, if PAC	
Street Address 397 Rocky Springs Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 06/08/2018	Amount 10.00
Full Name of Contributor Lisa Kelley			Registration Number, if PAC	
Street Address 834 S Cassingham Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 06/08/2018	Amount 4.00
Full Name of Contributor Scott Lofton			Registration Number, if PAC	
Street Address 1774 Harrison Pond Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 06/08/2018	Amount 10.00
Full Name of Contributor Justine McKenna			Registration Number, if PAC	
Street Address 755 Parkedge Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 06/08/2018	Amount 5.00
Full Name of Contributor Kay Melaragno			Registration Number, if PAC	
Street Address 3098 Mann Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 06/08/2018	Amount 2.00

\*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)]