



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Citizens for Quality Schools					
Full Name of Contributor				Registration Number	er, if PAC
Tia Holliman					
Street Address	Employer/	/Occupation/Labor Org	janization*		Form (Cash, Check, etc.)
397 Rocky Springs Dr					check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Blacklick	он	43004	ĺ	05/07/2018	10.00
Full Name of Contributor				Registration Number	er, if PAC
Lisa Kelley			1		
Street Address	Employer/	/Occupation/Labor Org	janization*		Form (Cash, Check, etc.)
834 South Cassingham Rd					check
City	State	Zip Code	Date (MM/Di	D/YYYY)	Amount
Bexley	он	43209		05/07/2018	4.00
Full Name of Contributor				Registration Number	er, if PAC
Scott Lofton			1		
Street Address	Employer/	/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
1774 Harrison Pond Dr					check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
New Albany	ОН	43054	İ	05/07/2018	10.00
Full Name of Contributor				Registration Number	er, if PAC
Justine McKenna					
Street Address	Employer/	/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
755 Parkedge Dr					check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Gahanna	он	43230		05/07/2018	10.00
Full Name of Contributor				Registration Number	er, if PAC
Kay Melaragno			!		
Street Address	Employer	/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
3098 Mann Rd					check
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount
Blacklick	ОН	43004	1	05/07/2018	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)]

Page Total 36.00
