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**	
Amy Gray						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
8189 Chateau Ln						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Westerville	O | H	43081	0 | 9	2 | 8	1 | 0	80.00
Full Name of Contributor					**Registration Number, if PAC**	
Timothy Skamfer						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
795 Pimlico Drive						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Gahanna	O | H	43230	0 | 9	2 | 8	1 | 0	50.00
Full Name of Contributor					**Registration Number, if PAC**	
Shirley Katmeyer						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
895 Ludwig Dr						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Gahanna	O | H	43230	0 | 9	2 | 8	1 | 0	85.00
Full Name of Contributor					**Registration Number, if PAC**	
Rhonda Bishop						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1062 Eberton Ave						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Blacklick	O | H	43004	0 | 9	2 | 8	1 | 0	85.00
Full Name of Contributor					**Registration Number, if PAC**	
Chris Linnabary						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
888 Reindeer Lane						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Gahanna	O | H	43230	0 | 9	2 | 8	1 | 0	85.00
Full Name of Contributor					**Registration Number, if PAC**	
Karen Robison						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
573 Elm Ct						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Westerville	O | H	43081	0 | 9	2 | 8	1 | 0	90.00
Full Name of Contributor					**Registration Number, if PAC**	
Lisa Dolder						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
2668 Northmont Dr						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Blacklick	O | H	43004	0 | 9	2 | 8	1 | 0	70.00
Full Name of Contributor					**Registration Number, if PAC**	
Erin Hoover						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
614 S Grant Ave						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	O | H	43206	0 | 9	2 | 8	1 | 0	54.00

* 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 $ 599.00