



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee						
Citizens for Quality Schools						
Full Name of Contributor Registration Nu					er, if PAC	
Corna-Kokosing						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
6235 Westerville Rd.		check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Westerville	ОН	43081	02/28/2018		1000.00	
Full Name of Contributor	ontributor Registration				er, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	DMYYY)	Amount	
Full Name of Contributor			I Registration Number, if PAC			
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY) An		Amount	
	011				45.5	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	DMYYY)	Amount	
Full Name of Contributor Regis			Registration Number	egistration Number, if PAC		
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)		Amount	
		I.,	<u> </u>			

\*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)]

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