31-A
R.C. 3517.10

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	
Yvonne K De Dios							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
817 Lindenhaven Ct.						check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	17	10	50.00	
Full Name of Contributor						Registration Number, if PAC	
Kimberly Parsons							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
740 White Tail Dr						check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	17	10	50.00	
Full Name of Contributor						Registration Number, if PAC	
Elizabeth Debney							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3438 Tivoli Ct						check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43230	09	17	10	50.00	
Full Name of Contributor						Registration Number, if PAC	
Karen Dearbaugh							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
5146 Uppermount Row						check	
City	State	Zip Code	M	D	Y	Amount	
New Albany	OH	43054	09	24	10	200.00	
Full Name of Contributor						Registration Number, if PAC	
MS Trucking							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
6387 Pontius Rd						check	
City	State	Zip Code	M	D	Y	Amount	
Groveport	OH	43125	09	27	10	100.00	
Full Name of Contributor						Registration Number, if PAC	
Chemcote							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
7599 Fishel Drive North						check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43017	09	27	10	250.00	
Full Name of Contributor						Registration Number, if PAC	
Kathy Jacob							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
222 Rivers Edge Way						cash	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	28	10	5.00	
Full Name of Contributor						Registration Number, if PAC	
Mary Wingert							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4077 Berrybush						cash	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	09	28	10	60.00	

* 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 $ 765.00