



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee				
Citizens for Quality Schools				
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	Date (MM/DD/YYYY)	Amount
Gahanna	OH	43230	02/26/18	20.00
Full Name of Contributor			Registration Number, if PAC	
Wendy Gruenbaum				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
54 Highmeadow Dr.				cash
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43230	02/26/18	80.00
Full Name of Contributor			Registration Number, if PAC	
Jessica Cisler				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1969 Bramble Branch Dr.				cash
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43220	02/26/18	20.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			

*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)]