



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	
Essie Johnson				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
P.O. Box 12415				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43212	02/26/18	100.00
Full Name of Contributor			Registration Number, if PAC	
Rachel Lovely				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
116 S. Ohio Ave.				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43205	02/26/18	62.50
Full Name of Contributor			Registration Number, if PAC	
Lisa Grooms				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
7679 Blacklick Ridge Blvd.				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Blacklick	OH	43004	02/26/18	100.00
Full Name of Contributor			Registration Number, if PAC	
Heidi Sullivan				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
663 Grove Circle				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Gahanna	OH	43230	02/26/18	70.00
Full Name of Contributor			Registration Number, if PAC	
Jessica Cisler				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1969 Ramble Branch Dr.				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43220	02/26/18	40.00

*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)]