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**	
Mary Powell						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1540 Bent Maple Dr						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Blacklick	O | H	43004	0 | 9	2 | 9	1 | 0	20.00
Full Name of Contributor					**Registration Number, if PAC**	
Beth Davis						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
270 Chilton Place						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Gahanna	O | H	43004	0 | 9	2 | 9	1 | 0	50.00
Full Name of Contributor					**Registration Number, if PAC**	
Deborah Arnold						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
410 Sheryl Dr						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Pickerington	O | H	43147	0 | 9	2 | 9	1 | 0	47.00
Full Name of Contributor					**Registration Number, if PAC**	
Kathie Kisor						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
653 Founders Ridge						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Gahanna	O | H	43230	0 | 9	2 | 9	1 | 0	50.00
Full Name of Contributor					**Registration Number, if PAC**	
Mary Otting						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
849 Hensel Woods Ct						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Gahanna	O | H	43230	0 | 9	2 | 9	1 | 0	150.00
Full Name of Contributor					**Registration Number, if PAC**	
Thomas Owens						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
399 Middleground Rd SW						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Pataskala	O | H	43062	0 | 9	2 | 9	1 | 0	67.00
Full Name of Contributor					**Registration Number, if PAC**	
Karen Sandberg						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
979 Riva Ridge						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Gahanna	O | H	43230	0 | 9	2 | 9	1 | 0	23.00
Full Name of Contributor					**Registration Number, if PAC**	
Kyle Bentley						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1338 Havant Drive						cash
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
New Albany	O | H	43054	1 | 0	0 | 4	1 | 0	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 $ 467.00