



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee			· · · · · · · · · · · · · · · · · · ·				
Citizens for Quality Schools							
Full Name of Contributor Registra					on Number, if PAC		
Aaron Winner							
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
7641 Hutton St.				check			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Blacklick	ОН	43004		04/02/2018	10.00		
Full Name of Contributor					Registration Number, if PAC		
Street Address	Employer	/Occupation/Labor Or	Form (Cash, Check, etc.)				
City	State OH	Zip Code	Date (MM/D	D/YYY)	Amount		
Full Name of Contributor				Registration Number, if PAC			
		· · · · · · · · · · · · · · · · · · ·					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	Date (MM/DI	DYYYY)	Amount		
Full Name of Contributor					stration Number, if PAC		
ii Name of Contributor				Registration Number, in Ac			
Street Address	Employer	Occupation/Labor Or		Form (Cash, Check, etc.)			
City	State OH	Zip Code	Date (MM/DI	D/YYY)	Amount		
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer	/Occupation/Labor Or	ganization*	<u></u>	Form (Cash, Check, etc.)		
City	State OH	Zip Code	Date (MM/DI	D/YYY)	Amount		
		L			L		

*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)]

Page	Total	10.00		