



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	
Aaron Winner				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
7641 Hutton St				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Blacklick	OH	43004	05/07/2018	10.00
Full Name of Contributor			Registration Number, if PAC	
OAPSE AFSCME Turnaround Ohio PAC LA 1269				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
6805 Oak Creek Dr				check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43229	05/07/2018	500.00
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			
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)]