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	
William Zamora						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
651 Sycamore Mill Dr						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	O | H	43230	09	29	10	80.00
Full Name of Contributor					Registration Number, if PAC	
Melissa Woodruff						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1876 Blacklick View Dr						check
City	State	Zip Code	M	D	Y	Amount
Blacklick	O | H	43004	09	29	10	125.00
Full Name of Contributor					Registration Number, if PAC	
Robert Williams						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
999 S Remington Rd						check
City	State	Zip Code	M	D	Y	Amount
Columbus	O | H	43209	09	29	10	80.00
Full Name of Contributor					Registration Number, if PAC	
Stacy Carter						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
5346 Ambrosia Ave						check
City	State	Zip Code	M	D	Y	Amount
Columbus	O | H	43235	09	29	10	50.00
Full Name of Contributor					Registration Number, if PAC	
Paige Harding						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
741 McDonell Pl						check
City	State	Zip Code	M	D	Y	Amount
Columbus	O | H	43230	09	29	10	80.00
Full Name of Contributor					Registration Number, if PAC	
Karie Gregory						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3547 Babbitt Rd						check
City	State	Zip Code	M	D	Y	Amount
Blacklick	O | H	43004	09	29	10	90.00
Full Name of Contributor					Registration Number, if PAC	
Mindy Shaffer						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
432 Dennison Ct NW						check
City	State	Zip Code	M	D	Y	Amount
Lancaster	O | H	43130	09	29	10	75.00
Full Name of Contributor					Registration Number, if PAC	
Sarah Cline						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1406 Waveland Dr Apt A						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	O | H	43230	09	29	10	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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 620.00