31-A
R.C. 3517.10

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**	
James Bugenstein							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
408 Colony Place						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Gahanna	OH	43230	10	14	10	50.00	
Full Name of Contributor						**Registration Number, if PAC**	
John Rathburn							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
1293 Lindenwald dr						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
New Albany	OH	43054	10	19	10	50.00	
Full Name of Contributor						**Registration Number, if PAC**	
Kay Melaragno							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
3098 Mann Rd						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Blacklick	OH	43004	10	19	10	45.00	
Full Name of Contributor						**Registration Number, if PAC**	
Orchard, Hiltz & McCliment, Inc							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
340000 Plymouth Rd							
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Livonia	MI	48150	10	19	10	100.00	
Full Name of Contributor						**Registration Number, if PAC**	
Ira Sharfin							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
7342 Lambton Green N							
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
New Albany	OH	43054	10	22	10	200.00	
Full Name of Contributor						**Registration Number, if PAC**	
Patricia King							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
9193 Firstgate Dr						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Reynoldsburg	OH	43068	10	26	10	70.00	
Full Name of Contributor						**Registration Number, if PAC**	
Jennifer Candor							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
80 Southwind Drive						check	
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Gahanna	OH	43230	10	26	10	54.00	
Full Name of Contributor						**Registration Number, if PAC**	
Institutional Diversified Inc							
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**	
PO Box 566							
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**	
Chardon	OH	44024	10	26	10	75.00	

* 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 $ 644.00