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	
Allen Schmidt						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
5125 Royal County Down						check
City	State	Zip Code	M	D	Y	Amount
Westerville	O | H	43082	0 3	2 2	1 1	100.00
Full Name of Contributor					Registration Number, if PAC	
Kristen Groves						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
7507 Ashley Meadow Dr						check
City	State	Zip Code	M	D	Y	Amount
Blacklick	O | H	43004	0 3	2 2	1 1	500.00
Full Name of Contributor					Registration Number, if PAC	
Kathleen Mulloly-Erhard						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
648 Howell Dr						check
City	State	Zip Code	M	D	Y	Amount
Newark	O | H	43055	0 3	2 2	1 1	100.00
Full Name of Contributor					Registration Number, if PAC	
Roben Frentzel						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
860 Aries Dr						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	O | H	43230	0 3	2 2	1 1	100.00
Full Name of Contributor					Registration Number, if PAC	
Jennifer Palguta						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
2687 Northmont Dr						check
City	State	Zip Code	M	D	Y	Amount
Blacklick	O | H	43004	0 3	2 2	1 1	150.00
Full Name of Contributor					Registration Number, if PAC	
Carol J McKenna						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
202 Academy Ct W						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	O | H	43230	0 3	2 2	1 1	125.00
Full Name of Contributor					Registration Number, if PAC	
Mark White						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1744 Harrison Pond Dr						check
City	State	Zip Code	M	D	Y	Amount
New Albany	O | H	43054	0 3	2 2	1 1	200.00
Full Name of Contributor					Registration Number, if PAC	
Elizabeth Spieth						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
357 Kanawha						check
City	State	Zip Code	M	D	Y	Amount
Lancaster	O | H	43130	0 3	2 2	1 1	125.00

* 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 $ 1,400.00