



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Citizens for Quality Schools				
Full Name of Contributor Melissa Monnig			Registration Number, if PAC	
Street Address 832 Moon Glow Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 04/19/2018	Amount 80.00
Full Name of Contributor Karen Dawson			Registration Number, if PAC	
Street Address 302 Sumption Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 04/19/2018	Amount 80.00
Full Name of Contributor Blacklick School Pride Partners PTO			Registration Number, if PAC	
Street Address 6540 Havens Corners Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 04/19/2018	Amount 100.00
Full Name of Contributor Michael Beaver			Registration Number, if PAC	
Street Address 9568 Bennington Chapel Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Centerburg	State OH	Zip Code 43011	Date (MM/DD/YYYY) 04/19/2018	Amount 170.00
Full Name of Contributor Kalena Falk			Registration Number, if PAC	
Street Address 1297 Havant Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 04/19/2018	Amount 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 also appear. [R.C. 3517.10(B)(4)]