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**	
Danielle Blanke							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
70 N Hempstead Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	OH	43081	09	14	10		40.00
Full Name of Contributor						**Registration Number, if PAC**	
Tracie Weaver							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1588 Wilhoit Ave							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Lewis Center	OH	43035	09	14	10		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Kathy Shephard							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
856 Humboldt Drive							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	OH	43230	09	14	10		30.00
Full Name of Contributor						**Registration Number, if PAC**	
Pamela Rippi							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
619 Jonsol Court							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	OH	43230	09	14	10		85.00
Full Name of Contributor						**Registration Number, if PAC**	
Molly Hoffmeister							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
339 22nd St							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Canton	OH	44709	09	14	10		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Robert Williams							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
23 Zellers Ln							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Pataskala	OH	43062	09	14	10		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Frances Flowers							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1068 Hurley Ct							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	OH	43230	09	14	10		88.00
Full Name of Contributor						**Registration Number, if PAC**	
Cheryl Steger							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7034 Weurful Drive							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Canal Winchester	OH	43110	09	14	10		60.00

* 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 $ 423.00