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			<b>I</b> n :				
Ill Name of Contributor			Registra	Registration Number, if PAC			
Paul Miller							<u> </u>
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc	ð.)
7796 Holderman Street		•				check	
City	State	Zip Code	M	D	Y	Amount	
Lewis Center	O   H	43035	10	0 4	$1 \mid 0$	2	5.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Helen Amsbary							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc	e.)
685 Hwthorne Drive						check	
City	State	Zip Code	М	D	Y	Amount	
Circleville	OH	43113	1 0	0 4	1 0	5	0.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
J Rodney Tolliver							
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc	2.)
3627 Olentangy Blvd						check	
City	State	Zip Code	М	D	Y	Amount	-
Columbus	OIH	43214	10	0 4	110	5	0.00
Full Name of Contributor	101	1 -0		tion Num			0.00
Marc Ross							
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.	c.)
897 Plum Ridge						check	,
City	State	Zip Code	М	I D	Y	Amount	
Columbus	OH	43213	1 0	0 4	1 0		0.00
Full Name of Contributor		10210		tion Num			0.00
Justin Hammond			1105.5		001, 11 1 1 1		
Street Address	Employer/Ocau	oation/Labor Organization*				Form (Cash, Check, etc	2)
289 Lillian Dr	Employer/occuj	Addie Eubor Organization				check	)
City	State	Zip Code	Тм	D	Y	Amount	
· ·	الما الما	43147	1 0				0.00
Pickerington Full Name of Contributor	ОН	45147			1 0		0.00
Thomas Gregory Street Address	Ir1(O	pation/Labor Organization*		-		Form (Cash, Check, etc	- )
3547 Babbitt Rd	Employer/Occup	MIDIVE ADDI Organization					;.)
City	Ct.t.	Zip Code	М	D	Υ	check	<del></del>
	State	I -				Amount	r 00
Blacklick Full Name of Contributor	O   H	43004		tion Num			5.00
1			Registra	tion Num	ber, if PA		
Mary Donato		<del></del>					
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc	:.)
546 Uxbridge Ave		T				check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	O   H	43230		0 4			0.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Laura Hayes Thomas							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc	:.)	
10158 Wellington Dr NW			a.			check	
City	State	Zip Code	M <sub>.</sub>	D	Y	Amount	
Pickerington	O   H	43147	1 0	0 4	$\lfloor 1 \rfloor 0$	5	0.00

\* 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 \$	380.00