31-A R.C. 3517.10



Statement of Contributions Received

Prescribed by Secretary of State 3/05

	·					
Name of Committee in Full Citizens for Chaolity Schools		•				
Citizens for Quality Schools Full Name of Contributor			Registra	tion Num	iber, if PA	
Rob Mayhew			Trogistical Control	aron i van	1001, 11 17	
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
6748 Albany Pond						cash
City	State	Zip Code	М	D	Y	Amount
New Albany	$ \mid$ O \mid E	i 43054	019	117	1 0	20.00
Full Name of Contributor	•		Registra	tion Nun	ber, if PA	Ċ
Mary Beth Powell						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1540 Bent Maple Drive						cash
City	State	Zip Code	M	D	Y	Amount
Blacklick	O F	43004	0 9	1 7		20.00
Full Name of Contributor Registration Number, if PAC						
Carolyn Boln Street Address	Employer/Oce	upation/Labor Organization*	L			Form (Cash, Check, etc.)
6160 McNaughten Grove Lane	Employenoce	upation/t,abot Organization				
City	State	Zip Code	М	D	Y	cash Amount
Columbus	OLH		019	1 .	l .	20.00
Full Name of Contributor		40210			iber, if PA	
Jenny Sang					,	
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
512 Hunnicut Drive						cash
City	State	Zip Code	М	D	Y	Amount
Reynoldsburg	_ O E	1 43068	019	1 7	1 0	_ 20.00
Full Name of Contributor			Registra	tion Nur	ber, if PA	C
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
		lw out	1 1/		Υ .,	
City	State	Zip Code	M	D I	Y	Amount
Full Name of Contributor			Panistra	tion Num	phor if DA	C
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
	, , , , , , ,					
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor		· ·	Registra	tion Nun	ber, if PA	С
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
						<u>-</u>
City	State	Zíp Code	М	D	Y	Amount
Full Name of Contributor			Registra	tion Nun	nber, if PA	.C
Street Address	Employer/Occupation/Labor Occupation/Labor					Form (Cook Charle are)
ionicet Aduless	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
		Zip code	"i		'	A MANAGEME
partial for a reibutions from individuals over \$100 to stand and		didaga ICaangibusania salCaa				

* 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 \$	80.00