



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee								
Citizens for Quality Schools								
Full Name of Contributor	Pagistration Number	or if DAC						
Full Name of Contributor Registration Numb  Danielle Dominak					#, # PAC			
480 Preservation Ln.	Employer	Occupation/Labor Org	Form (Cash, Check, etc.)  check					
		T						
City	1 i	Zip Code	Date (MM/DI	, i	Amount			
Columbus	ОН	43230		03/20/2018	75.00			
Full Name of Contributor	Registration Number	er, if PAC						
Kristy Mishler								
Street Address	Employer/	/Occupation/Labor Org	Form (Cash, Check, etc.)					
916 Ludwig Dr.				check				
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount			
Gahanna	ОН	43230		03/20/2018	100.00			
Full Name of Contributor	er, if PAC							
Jenna Wood								
Street Address	Employer/	/Occupation/Labor Org		Form (Cash, Check, etc.)				
2705 Cordella St.				check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount			
Blacklick	он	43004	03/20/2018		30.00			
Full Name of Contributor	Registration Number							
Yvonne Riego De Dios								
Street Address	Employer/	/Occupation/Labor Org	Form (Cash, Check, etc.)					
817 Lindenhaven Ct.				check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount			
Gahanna	ОН	43230	03/20/2018		70.00			
Full Name of Contributor	er, if PAC							
Elizabeth Grubb								
Street Address	Employer/	/Occupation/Labor Org	Form (Cash, Check, etc.)					
306 Worman Dr.					check			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount			
Gahanna	он	43230	03/20/2018		40.00			

Page	Total	315.00	
Page	Total	315.00	

<sup>\*</sup>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)]