



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Citizens for Quality Schools				
Full Name of Contributor Carrin Wester			Registration Number, if PAC	
Street Address 1132 Riva Ridge Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 05/07/2018	Amount 20.00
Full Name of Contributor Diana Sponseller			Registration Number, if PAC	
Street Address 999 McCarron Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 05/07/2018	Amount 20.00
Full Name of Contributor S Danielle O'Brien			Registration Number, if PAC	
Street Address 1266 Venetian Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 05/07/2018	Amount 20.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]