



Statement of Contributions Received

Form 31-A

ORC 3517.10

Citizens for Quality Schools Full Name of Contributor Jill Elliott Employer/Occupation/Labor Organization* 140 Kitdare Dr State City Delaware OH 43015 Employer/Occupation/Labor Organization* OH 43015 Registration Number, if PAC Amount 2/28/2018 200.00 Registration Number, if PAC Form (Cash, Check, etc.) check Registration Number, if PAC City Amount 2/28/2018 City Street Address 3723 Mayfair Dr City Grove City OH 43123 Part (MM/DD/YYYY) Amount Cash, Check, etc.) check Registration Number, if PAC Form (Cash, Check, etc.) check Registration Number, if PAC Registration Number, if PAC	Full Name of Committee						
Full Name of Contributor Street Address 140 Kitdare Dr State City Delaware OH 43015 Employer/Occupation/Labor Organization* Registration Number, if PAC Amount 2/28/2018 200.00 Registration Number, if PAC Form (Cash, Check, etc.) check Registration Number, if PAC Registration Number, if PAC Street Address 3723 Mayfair Dr Street Address 3723 Mayfair Dr State City Grove City OH 43123 Registration Number, if PAC Form (Cash, Check, etc.) check 71.48 Registration Number, if PAC							
Jill Elliott Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) check City State Zip Code Date (MM/DD/YYYY) Amount Delaware OH 43015 2/28/2018 200.00 Full Name of Contributor Matt Blackwell Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) check City State Zip Code Date (MM/DD/YYYY) Amount Grove City OH 43123 2/28/2018 71.48 Full Name of Contributor Registration Number, if PAC Cona Kokosing Registration Number, if PAC							
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Street Address 3723 Mayfair Dr State Zip Code Date (MM/DD/YYYY) Amount Grove City OH 43123 2/28/2018 71.48 Full Name of Contributor Cona Kokosing	Full Name of Contributor Registration No.					er, if PAC	
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City State Zip Code Date (MM/DD/YYYY) Amount Grove City OH 43123 2/28/2018 71.48 Full Name of Contributor Cona Kokosing Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Grove City OH 43123 2/28/2018 71.48 Full Name of Contributor Cona Kokosing Registration Number, if PAC	3723 Mayfair Dr	check					
Full Name of Contributor Registration Number, if PAC Cona Kokosing	City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Cona Kokosing	Grove City	ОН	43123		2/28/2018	71.48	
	Full Name of Contributor	Registration Numb			er, if PAC		
	Cona Kokosing						
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
6235 Westerville Rd check	6235 Westerville Rd	check					
City State Zip Code Date (MM/DD/YYYY) Amount	City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Westerville OH 43081 02/28/2018 50.00	Westerville	ОН	43081		02/28/2018 50.00		
Full Name of Contributor Registration Number, if PAC	Full Name of Contributor Registration Numb					er, if PAC	
Various-Collection taken up at GJEA meeting							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Cash						Cash	
City State Zip Code Date (MM/DD/YYYY) Amount	City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Gahanna OH 43230 02/28/2018 405.00	Gahanna	ОН	43230		02/28/2018	405.00	
Full Name of Contributor Registration Number, if PAC	Full Name of Contributor Registration Numb				Registration Number	er, if PAC	
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Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City State Zip Code Date (MM/DD/YYYY) Amount			Zip Code	Date (MM/DI	D/YYYY)	Amount	
ОН		ОН	i				

*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)]

Page	Total	726.48