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							
Full Name of Contributor						Registration Number, if PAC	
Sherri Zynda							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
8011 Bellow Park Dr						check	
City	State	Zip Code	M	D	Y	Amount	
Reynoldsburg	OH	43068	03	22	11	100.00	
Full Name of Contributor						Registration Number, if PAC	
Amanda Collier							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
516 Gray Dr						check	
City	State	Zip Code	M	D	Y	Amount	
Pickerington	OH	43147	03	22	11	25.00	
Full Name of Contributor						Registration Number, if PAC	
Carolyn Frissora							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
520 Preservation Lane						check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	03	24	11	20.00	
Full Name of Contributor						Registration Number, if PAC	
Brenda Stauffer							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
5700 Lambert Road						check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	03	24	11	50.00	
Full Name of Contributor						Registration Number, if PAC	
Jerry Frengou							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
839 Moon Glow Ct						check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43230	03	24	11	120.00	
Full Name of Contributor						Registration Number, if PAC	
Mary Otting							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
849 Hensel Woods Ct						check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	OH	43004	03	24	11	10.00	
Full Name of Contributor						Registration Number, if PAC	
Nancie De Salvo							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
578 Waterside View Dr						check	
City	State	Zip Code	M	D	Y	Amount	
Blacklick	OH	43004	03	24	11	10.00	
Full Name of Contributor						Registration Number, if PAC	
Theresa Bush							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4155 N Waggoner Rd						check	
City	State	Zip Code	M	D	Y	Amount	
Blacklick	OH	43004	03	24	11	40.00	

* 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 $ 375.00