



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Quality Schools				
Full Name of Contributor Jennifer Pizzico			Registration Number, if PAC	
Street Address 1241 Fareharm Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 02/26/18	Amount 50.00
Full Name of Contributor Kimberly Thomas			Registration Number, if PAC	
Street Address 6548 Warriner Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 02/26/18	Amount 90.00
Full Name of Contributor Elizabeth Trippier			Registration Number, if PAC	
Street Address 817 Brevard Cir.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY) 02/26/18	Amount 81.00
Full Name of Contributor Sherri Zynda			Registration Number, if PAC	
Street Address 13164 Appleton Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY) 02/26/18	Amount 100.00
Full Name of Contributor Tracie Clay			Registration Number, if PAC	
Street Address 394 Beecher Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/26/18	Amount 93.00

*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 also appear. [R.C. 3517.10(B)(4)]