



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Citizens for Quality Schools				
Full Name of Contributor Kathleen Erhard			Registration Number, if PAC	
Street Address 648 Howell Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Newark	State OH	Zip Code 43055	Date (MM/DD/YYYY) 02/28/2018	Amount 125.00
Full Name of Contributor SMDHLS Bonding Co. LLC			Registration Number, if PAC	
Street Address 571 S. High St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 02/28/2018	Amount 350.00
Full Name of Contributor Roben Frentzel			Registration Number, if PAC	
Street Address 6312 Hares Ear Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/28/2018	Amount 120.00
Full Name of Contributor Roben Frentzel			Registration Number, if PAC	
Street Address 6312 Hares Ear Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/28/2018	Amount 103.00
Full Name of Contributor Royal Manor PTA			Registration Number, if PAC	
Street Address 299 Empire Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/28/2018	Amount 100.00

*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)]