



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee		 			
Citizens for Quality Schools					
Full Name of Contributor				Registration Number	er, if PAC
Jill Elliott				1	
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
140 Kitdare Drive					Check
City	State	Zip Code	Date (MM/D	D/YYY)	Amount
Delaware	ОН	43015		06/14/2019	20.00
Full Name of Contributor				Registration Number	er, if PAC
Linda Green				į	
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
3294 Aronimink Court					check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Pickerington	ОН	43147		06/14/2019	10.00
Full Name of Contributor				Registration Number	er, if PAC
Tia Holliman					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
397 Rocky Springs Drive	į				check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Blacklick	ОН	43004		06/14/2019	10.00
Full Name of Contributor				Registration Number	er, if PAC
Lisa Kelley					
Street Address	Employer	Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
834 South Cassingham Road					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Bexley	ОН	43209		06/14/2019	4.00
Full Name of Contributor	Registration Number			er, if PAC	
Scott Lofton					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
1774 Harrison Pond Drive					Check
City	State	Zip Code	Date (MM/DI	•	Amount
New Albany	ОН	43054		06/14/2019	10.00

Page Total 54.00

^{*}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)]