31-A
R.C. 3517.10

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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	
Myra Littleton							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
627 Green Cook Rd							check
City	State	Zip Code	M	D	Y		Amount
Sunbury	O | H	43074	0|9	2|9	1|0		100.00
Full Name of Contributor						Registration Number, if PAC	
Keren McDonnell Brown							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
858 S Cassingham Rd							check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43209	0|9	2|9	1|0		30.00
Full Name of Contributor						Registration Number, if PAC	
Rachael Micheli							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
638 N High St							check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43215	0|9	2|9	1|0		40.00
Full Name of Contributor						Registration Number, if PAC	
Kathleen Cataldi							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
343 Vista Dr							check
City	State	Zip Code	M	D	Y		Amount
Gahanna	O | H	43230	0|9	2|9	1|0		20.00
Full Name of Contributor						Registration Number, if PAC	
Kamie Guzy							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
7881 Dandridge Way							check
City	State	Zip Code	M	D	Y		Amount
Westerville	O | H	43082	0|9	2|9	1|0		40.00
Full Name of Contributor						Registration Number, if PAC	
John Marette							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3552 Chowning Ct							check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43220	0|9	2|9	1|0		25.00
Full Name of Contributor						Registration Number, if PAC	
Kay Tomesek							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
626 Bay Dr							check
City	State	Zip Code	M	D	Y		Amount
Westerville	O | H	43082	0|9	2|9	1|0		50.00
Full Name of Contributor						Registration Number, if PAC	
Jennifer Young							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
603 Brookside Dr							check
City	State	Zip Code	M	D	Y		Amount
Columbus	O | H	43209	0|9	2|9	1|0		50.00

* 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 $ 355.00