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**	
Nicole Koontz								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
14022 Oxford Dr							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Marysville	OH	43040	04	21	11			20.00
Full Name of Contributor							**Registration Number, if PAC**	
Brett Harmon								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
230 Farm Creek Dr							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	OH	43230	04	21	11			100.00
Full Name of Contributor							**Registration Number, if PAC**	
Kathy Shepard								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
856 Humboldt Drive							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	OH	43230	04	21	11			20.00
Full Name of Contributor							**Registration Number, if PAC**	
Lorraine Peer								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
11073 Cedar Hill Ct							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Canal Winchester	OH	43110	04	21	11			20.00
Full Name of Contributor							**Registration Number, if PAC**	
Kristin Bradley								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
543 Tall Oaks Dr							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	OH	43230	04	21	11			20.00
Full Name of Contributor							**Registration Number, if PAC**	
Abigail Herzberg								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
530 Yale Ctr							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Pickerington	OH	45147	04	21	11			20.00
Full Name of Contributor							**Registration Number, if PAC**	
Jill Elliott								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
7146 Laver Lane							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Westerville	OH	43082	04	21	11			20.00
Full Name of Contributor							**Registration Number, if PAC**	
Megan Campbell								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1192 Walker Springs Dr							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Blacklick	OH	43004	04	21	11			35.00

* 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 $ 255.00