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**	
Leisa Hartman								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
866 Ludwig Drive							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	O | H	43230	0 | 4	2 | 1	1 | 1		10.00	
Full Name of Contributor							**Registration Number, if PAC**	
Linda Courias								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
452 Medwin Place							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	O | H	43230	0 | 4	2 | 1	1 | 1		20.00	
Full Name of Contributor							**Registration Number, if PAC**	
Jennifer Sengstock								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
562 Lake Knoll Ct							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	O | H	43230	0 | 4	2 | 1	1 | 1		20.00	
Full Name of Contributor							**Registration Number, if PAC**	
Paulie Basford								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
322 Haubrook Dr							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	O | H	43230	0 | 4	2 | 1	1 | 1		20.00	
Full Name of Contributor							**Registration Number, if PAC**	
Alana Dougan								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
654 Waterside							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Blacklick	O | H	43004	0 | 4	2 | 1	1 | 1		25.00	
Full Name of Contributor							**Registration Number, if PAC**	
Catherine Stewart								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
514 Crestview Rd							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	O | H	43202	0 | 4	2 | 1	1 | 1		50.00	
Full Name of Contributor							**Registration Number, if PAC**	
Laura Thomas								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
10156 Wellington Dr W							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Pickerington	O | H	43147	0 | 4	2 | 1	1 | 1		25.00	
Full Name of Contributor							**Registration Number, if PAC**	
Anne Jackson								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
215 Ainsworth Ct							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Gahanna	O | H	43230	0 | 4	2 | 1	1 | 1		20.00	

* 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 $ 190.00