JON HUSTED
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Citizens for Quality Schools

Full Name of Contributor	Registration Number, if PAC			
Becca Lampe				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
224 Berger Aly				cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Columbus	OH	43206	04/05/2018	20.00
Full Name of Contributor	**Registration Number, if PAC**			
Virginia Davis				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
618 Shadewood Ct				cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Gahanna	OH	43230	04/05/2018	40.00
Full Name of Contributor	**Registration Number, if PAC**			
Mary Beth Powell				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
1540 Brent Maple Dr				cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Blacklick	OH	43004	04/05/2018	50.00
Full Name of Contributor	**Registration Number, if PAC**			
Becky Rader				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
949 Caroway Blvd.				cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Columbus	OH	43230	04/05/2018	20.00
Full Name of Contributor	**Registration Number, if PAC**			
Maggie Anderson				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
629 Meadow Green Cir. Apt. B				cash
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Columbus	OH	43230	04/05/2018	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 also appear. [R.C. 3517.10(B)(4)]

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