



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Citizens for Quality Schools						
Full Name of Contributor	Registration Number	mber, if PAC				
Tia Holliman						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
397 Rocky Springs Dr.			check			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Blacklick	ОН	43004	04/02/2018		10.00	
Full Name of Contributor		Registration Number			per, if PAC	
Lisa Kelley						
Street Address	Employer/	Occupation/Labor Org	Form (Cash, Check, etc.)			
834 South Cassingham Rd.			check			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Bexley	ОН	43209		04/02/2018	4.00	
Full Name of Contributor				Registration Number	er, if PAC	
Scott Lofton						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1774 Harrison Pond Dr.				check		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
New Albany	ОН	43054	04/02/2018		10.00	
Full Name of Contributor Registration				Registration Number	umber, if PAC	
Justine McKenna						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
755 Parkedge Dr.			check			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Gahanna	ОН	43230	04/02/2018		10.00	
ull Name of Contributor Registration Num				Registration Number	er, if PAC	
Kay Melaragno						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3098 Mann Rd.			check			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Blacklick	ОН	43004	04/02/2018		2.00	

*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 laber organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page 1	Fotal	36.00		