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**	
Suzanne Horn							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
625 Laurel Ridge Dr							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	OH	43230	08	10	10		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Nancy Garland							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4983 Meadway Dr							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
New Albany	OH	43054	08	10	10		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Barry Igdaloff							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2480 Colts Neck Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Blacklick	OH	43004	08	10	10		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Suzanne Vandergriff							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
887 Dark Star Ave							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	OH	43230	08	10	10		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Ellen Murphy							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1065 Cloverly Dr							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	OH	43230	08	10	10		100.00
Full Name of Contributor						**Registration Number, if PAC**	
LTC Choices							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1291 Steamboat Springs							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Blacklick	OH	43004	08	10	10		100.00
Full Name of Contributor						**Registration Number, if PAC**	
miscellanous contributors under $25							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
							cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
			08	10	10		560.00
Full Name of Contributor						**Registration Number, if PAC**	
Scott McComb							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
230 Barnhill Court							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	OH	43230	09	13	10		1,000.00

* 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 $ 2,160.00