31-A
R.C. 3517.10

Page 4

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	
Patricia Clark						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
326 Lyncroft Court						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	OH	43230	09	17	10	40.00
Full Name of Contributor					Registration Number, if PAC	
Bryan Dawson						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
302 Sumption Dr						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	OH	43230	09	17	10	71.00
Full Name of Contributor					Registration Number, if PAC	
Susan Matthews						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
230 Crossing Creek Dr. N						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	OH	43230	09	17	10	20.00
Full Name of Contributor					Registration Number, if PAC	
Jennifer Hatch						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
64 E Dodridge						check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43202	09	17	10	44.00
Full Name of Contributor					Registration Number, if PAC	
Patricia English						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1771 Royal Oak Dr						check
City	State	Zip Code	M	D	Y	Amount
Lewis Center	OH	43035	09	17	10	50.00
Full Name of Contributor					Registration Number, if PAC	
Christina Demetry						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
889 Dennison Ave						check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43230	09	17	10	20.00
Full Name of Contributor					Registration Number, if PAC	
Virginia Davis						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
618 Shadewood Court						check
City	State	Zip Code	M	D	Y	Amount
Gahanna	OH	43230	09	17	10	75.00
Full Name of Contributor					Registration Number, if PAC	
Edward Wintersteller						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
8946 Spruce Pine Dr						check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43235	09	17	10	65.00

* 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 $ 385.00